

Client Safety and Supervision Plan

Client's Name: _____ Date Plan First Developed: _____

This document was designed to comply with DSHS guidelines for SAY treatment providers, effective October 2002.

Brief description of client's behavior problems:

General likelihood of future behavior problems: _____

Other services authorized by DSHS (case aides, door alarms, etc.):

Other natural supports available to client extended family, family friends, church members, etc:

General goals of safety and supervision plan (encourage peer interaction, avoid younger children, stay active, etc.):

Specific Safety Plan Items. (Check all that apply.)

1. Client may/may not be alone in the home/foster home. If yes, client may be home alone for periods of up to _____ hours.
2. Client may/may not have community access alone. If yes, specify where client may go: _____
3. Client may/may not walk to school alone.
4. Client may/may not take public transportation (bus, subway, etc.) alone.
5. Client may/may not take the bus to school alone.
6. Client needs/doesn't need an aide at school to supervise between classes, at lunch, or at recess.
7. Client may/may not use the usual restroom at school. If not, develop special plan with the school.
8. Client may/may not participate in school or league sports, with/without direct parental supervision.
9. Client may/may not go on school field trips or other school activities without a chaperone.
10. Client may/may not go to movies with peer-age friends without an approved chaperone.
11. Client may/may not have peer-age friends spend the night.
12. Client may/may not visit friends at their homes without a chaperone.
13. Client may/may not spend the night at friend's homes where no younger children are present.
14. Client may/may not play in the front/back yard. Client requires/does not require constant visual supervision when outside.

Client Safety and Supervision Plan

15. Client requires/does not require constant visual supervision whenever other children are present. Appropriate age range for play-mates is: _____
16. Client may/may not hold a job. Appropriate types of jobs include: _____

17. Client shall/shall not have a door alarm installed on the bedroom door.
18. Client may use the internet: Not at all/with parent's supervision/at school/without supervision (Circle all that apply).
19. Client may view T.V./videos with G, PG, PG-13, R ratings. Circle all that apply, and specify who is approve exceptions: _____

20. Client may play video games with E, T, MA, A ratings or none. Circle all that apply.
21. Client may/may not possess audiotapes/CDs/MP3s with parental advisory warnings.
22. Client may/may not share a bedroom with another child. If yes, specify age and gender of allowed roommates: _____

23. Client may/may not use a telephone without supervision.
24. Other rules: _____

Date last revised: _____

Note: Treatment provider should initial and date changes on list when they are made.

Names of approved chaperones: _____

Signatures:

Client: _____	Date: _____
Parent/Foster Parent: _____	Date: _____
Therapist: _____	Date: _____
Other: (Probation/parole officer) _____	Date: _____
Other: _____	Date: _____
Other: _____	Date: _____

Continuing Education 2010 Caregiver Essentials:

Fall Awareness and Prevention

Course Prerequisite:
Fundamentals of Caregiving

Course Description:

This module is designed to provide Caregivers an introduction to the topic of Fall Awareness and Prevention. It is a two and one-half hour module. It will apply toward the Washington State requirement of ten hours of Continuing Education each year following the completion of Fundamentals of Caregiving. A certificate of completion will be provided upon successful completion of this module by the Training Partnership.

Course Objectives:

This course will provide:

1. A broad overview on Falls Awareness and Prevention
2. Demographics and at risk populations
3. Fall prevention
4. Home safety check

Course Structure

This course is presented in a lecture and participative format. Discussions and participant-to participant interactions are encouraged throughout the course. Opportunities to share experiences and request input will be provided.

FALL
AWARENESS
AND
PREVENTION
TRAINING

Fall Awareness and Prevention

Falls are the second leading cause of accidental death in the United States. Seventy five percent of these falls occur in the older adult population. One third of the older adults who fall, sustains a hip fracture, is hospitalized and dies within a year. Falls not only affect the quality of life of the individual but also influence the caregiver and family. Health care costs for falls and rehabilitation average 70 billion dollars a year! Even if the fall does not result in hospitalization, fear of falling becomes a major factor. Fear leads to inactivity and loss of confidence, therefore decreasing the quality of life and increasing the risk of future falls.

Our knowledge as home care professionals may be able to reduce falls. The improvement of a person's quality of life and possible decreasing fall risk factors is worth the time spent to study this issue. The following information is not comprehensive nor is it a "sure-fire" plan to avoid a fall, but it is intended to help increase awareness regarding falls and fall prevention.

Personal and environmental factors contribute to increasing ones chance of falling.

Personal factors

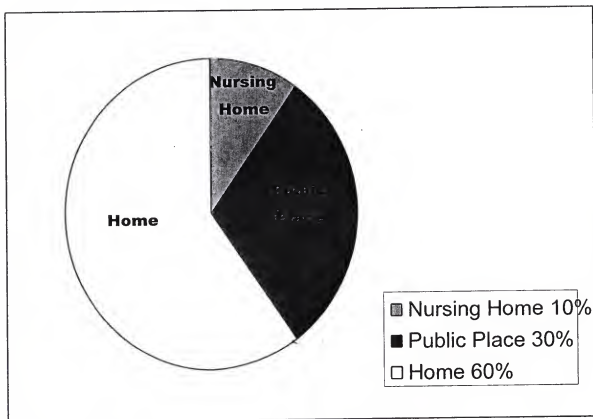
- Age (over 65)
- Female
- Low mobility or fragile-lower extremity weakness and poor grip strength
- Functional impairments- limited Activities of Daily Living
- Poor gait and balance
- Low body weight
- Cognitive impairment or dementia
- Chronic illness- Parkinson disease, visual difficulties, stroke, hypertension or urinary incontinence
- Previous falls
- Heavy drinking

Environmental factors

- Polypharmacy- four or more prescription medications
- Home Hazards- clutter, loose rugs, poor lighting, lack of bathroom safety
- Footwear
- Busy streets

Where are people likely to fall?

For people 65 years old or older...



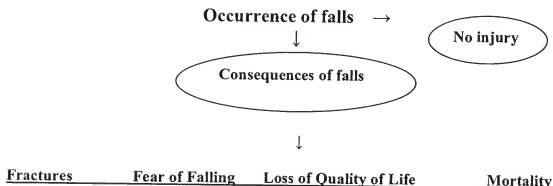
Contributing Factors

Personal:

Aging, poor balance

Environmental:

Home hazards



Key areas to be considered:

- Cause of a fall involves both the individual and the environment. What causes a fall in one person may or may not cause a fall in another person.
- Activity level is one key to an individual's well-being and sense of confidence. Altering the level is a way to reduce falling. Activity level is based on the individual's preference and includes social, mental, and physical benefits.
- Compliance is a critical factor in fall prevention. A person needs to be ready to make changes to either their environment or related to themselves.

The Complications of Falls are Numerous and Significant

Common Fractures:

- Forearm (wrist) fracture
- Spine fracture
- Hip fracture
- Ankle fracture

Fractures of the hip or forearm are the most common result of a fall. Approx. 95% of hip fractures in older people over 65 years are the result of a fall. People who have a hip fracture are 5-20% more likely to die in the first year following the injury than any other reason in the same age groups.

Fear of Falling

- Loss of self confidence
- Fear of not being able to get back up

Fear of falling can be a very real reason for loss of mobility in the elderly. After a fall, some people become so frightened and anxious that they will not attempt to stand even when there is adequate help and support. Decrease of physical activity level decreases ones quality of life and further places them at risk of future falls.

Quality of Life

- Decrease of physical activity level and mobility
- Loss of independence

Many elderly people have repeated falls. As a result it is often determined that they would be safer with 24-hour oversight. This often is the key factor when one moves to a nursing home.

Mortality

- Premature death

Hip fractures carry a high morbidity (health problems related to a disease or condition) because of prolonged immobility, surgical risks and functional disability, possibly related to death.

Hypothermia, dehydration, bronchial pneumonia and pressure damage to the skin are all possible complications resulting from exposure in older people who are unable to get up once they have fallen.

Risk Factors for Falls

As the number of people 65 years and older increases, so does the number of people who fall. Approximately 60% of all elderly living in their own home and 10% of nursing home residents aged 65 years or older fall each year. The centers for Disease Control and Prevention (CDC) reported unintentional injuries as the seventh leading cause of death in the United States and falls were listed as the primary cause of death in this category.

Studies support that a history of recent falls is a risk factor for subsequent falls. Three or more falls are associated with an increased risk of an individual having multiple falls. More falls may increase the risk for sustaining a hip fracture. An increased number of falls are noted in individuals who had recently been hospitalized.

Many elderly people have repeated falls without harm. The importance of falls as a cause and consequence of ill health is now recognized. Although little is known about the increase risk of falls with age, studies are being done to improve the care available to older adults at risk for falls and injury.

There are many factors that are known to increase ones risk of a fall.

Medications can increase the risk of falls. Studies have shown that sedative use increases fall risk. Using four or more medications may also increase a person's risk factor.

A history of chronic lung disease, arthritis, Parkinson's disease and stroke has been linked to increased fall risk. Incontinence and orthostatic hypotension have also been identified as contributing to increasing fall risk.

Impairments that increase fall risk include decreased lower extremity strength, decreased range of motion, cognitive impairment, sensory impairments, visual deficits, and decreased reaction time. Strength deficits in the hip, knee, and ankle increase fall risk. Studies support fallers in both community and institutional settings, have more hip weakness, poor balance, and use more prescription drugs than non-fallers.

Functional limitations such as inability to perform activities of daily living (ADL's) and problems with mobility may indicate an increase in falls. Individuals who use assistive devices are at increased risk of falling.

Balance impairment includes unsteadiness during stand to sit position, turning motion and inability to do single limb support is more prevalent in fallers.

Gait impairments that identify fallers include increased trunk sway, inability to increase speed of walking, and more path deviation.

Visual deficit due to cataracts or macular degeneration compounded with impairments, disease and environmental barriers increase the risk of falls. Seeing obstacles is the first step to avoiding a fall.

Hearing impairment prevents one's ability to be alert to the immediate environment. We rely on sound for orientation in our environment, a person may not be quickly aware of potential hazardous situations when hearing is decreased. Dizziness often is associated to ear problems.

Prevention

To prevent falls you have to find the risks. Home care professionals and family can help an older person who has fallen regain or maintain his or her mobility. They can also help lessen the risk of falls by creating a safer environment and improving awareness of environmental dangers. For example, poor lighting or being alert to changes in the person's health and medications.

At present there is no one single screening tool or set of tools that has been established as the gold standard. Commonly used tests for screening individuals include Single Limb Support (balance), Functional Reach (agility) and the Time Up & Go.

Our role as a caregiver is crucial. You are often the only set of eyes and ears in the client's home. You have access to seeing just how well your client is doing, alert to new medications, physical changes etc.

Some things you can do to reduce falls.

Health and Safety

- Does your client use 4 or more medications daily?
If so, they may cause dizziness, drowsiness and balance problems. Have all medications reviewed annually by a pharmacist.
- Do you suspect your client is experiencing a change in hearing?
If so, dizziness can occur with hearing loss. Assist to set up a medical appointment.
- Have you noticed a change in your client's vision?
Seeing obstacles is the first step in avoiding a fall. Keep eyeglasses clean. Assist in setting up annual eye exams.
- Has your client fallen 2 or more times in the past 6 months?
Falls lead to injuries. Assist to set up a medical checkup to determine why your client is falling.
- Does your client wear floppy shoes or slippers?
Wear well fitting shoes/slippers with a non-skid sole.
- Does your client wear a long nightgown or robe?
Avoid night clothing that drags on the ground or can become wrapped around them during movement. Keep robe tied.

- Is the phone kept within reach during bedtime?
For many safety reasons including avoiding a fall, your clients should have a phone placed by their bed. They may not want the ringer turned on, but it is important that they can answer the phone or make a call.

Abilities- does your client have trouble with:

- Reaching over their head?
Place commonly used items on shelves that are easy to reach. If they must reach overhead, keep a sturdy stool handy.
- Picking up objects from the floor?
Plan ahead, move objects closer to something sturdy to hold onto.
- Getting in and out of the bathtub?
Grab bars and bath benches are available and should be used. Non-skid tub mats and a hand held shower could be useful. Review the plan of care and be familiar with your role. Using liquid soap or soap on a rope will prevent dropping soap onto the base of the tub or shower floor. If more assistance is needed, call the supervisor/case manager.
- Getting in or out of a chair?
Avoid low furniture. Chairs with arms make it easier to get up. Review the plan of care and be familiar with your role. If more assistance is needed, call your supervisor/case manager.
- Walking without holding onto something?
Your client could benefit from a cane or walker. These devices are available.
- Using stairs?
Be very careful in this situation. Take your time, have your client hold the railing while you hold onto them. Do not attempt assisting someone with steps while you are carrying any objects.

In the home- does your client's home have:

- Throw rugs?
Throw rugs pose a tripping hazard. Rugs should be tacked down or removed.
- Stairs without rails?
Using handrails to go up or down steps is easier and safer. Consult your supervisor/case manager if rails need to be added or repaired.
- Clutter in walkways or stairwells?
Clutter such as shoes, electrical cords, magazines etc. is a safety hazard. Keep pathways cleared.
- Dark hallways or stairwells?
Good lighting can reduce the chance of falling. Several affordable options to add lighting are available. Adding bright tape strips to the edge of each stair. Always keep a charged flashlight available. Check the batteries periodically. A nightlight in the bathroom can also make night trips to the bathroom safer.
- Does your client have a raised toilet seat?
A raised toilet seat with a frame will assist with safely getting up and down.
- Have you checked if the water temperature is overly hot?
To prevent burns and falls the water heater should not be set above 120 degrees.

The Timed Up & Go Test for Fall Risk Assessment

Doctors and support staff often use the following test to determine a person's risk for falls. You can use this test to determine the risk of your client. Before testing others you should test yourself.

1. The client is in a seated position.
2. Place a visual object 8 feet away from the client.
3. Have the client get up and walk around the object and sit back down.

Allow them to practice once. Then time them 3 times.

Scores greater than 8.5 seconds are associated with high fall risk in community dwelling older adults.

Home Safety Check

This simple check list will assist you in identifying potential problems. Always remember, many falls can be prevented

- Unsafe stairs?
- Broken or worn steps?
- Broken or missing railings?
- Poor lighting?
- A nightlight in the bathroom?
- Telephone by the bed?
- A working flashlight?
- Throw Rugs?
- Clutter in pathways?
- Regularly used items out of reach?
- A slippery bath or shower?
- No grab bars or hand railings in the bath area?
- A raised toilet seat with a frame?
- Furniture that's hard to get out of?
- Other home safety concerns

Safety While Assisting to Ambulate

Safety with walking devices

- Rubber tips are needed on canes, crutches and walker-replace when worn
- Do not allow a client to use a device that is missing a screw, is bent or in any way damaged
- Canes and walkers should not be used to pull to a standing position
- Check for any environmental barriers that may hinder or endanger the client's movement (furniture, width of the doorway, rugs, cords etc.)

Proper use of a cane

- Keep the cane 12 inches in front of the uninvolved foot
- Bring the involved leg forward to the cane
- Bring the uninvolved leg forward just ahead of the cane

Proper technique for use of a cane on stairs

- Hand piece should be at hip level
- When going up stairs, advance uninvolved leg first, followed by cane and then involved leg
- When going down steps, advance cane to next step, bring down involved leg and then step down with uninvolved leg

Proper use of crutches

- A client's weight should be supported by arms and hands, not the top of the crutch, placing weight on the arm pit area could cause nerve damage
- A professional will determine the gait the client should use
- Place crutches 8 to 12 inches in front of the body with the involved leg, then bring uninvolved leg forward in front of the crutches

Proper technique for crutches on steps

- To move up stairs, move uninvolved leg up a step, followed by crutches then the involved leg

Proper use of a walker

- Pick up walker and move in front of feet
- Walk up to the front of the walker
- Pick up walker and move it, do not slide it
- Do not move feet and walker at the same time

Bath Safety

Reasons for bathing

- Cleanse waste products from skin
- Stimulate circulation
- Provides activity
- Provides opportunity for observation and conversation

Complete bed bath

- Keep the room warm
- Assemble equipment
- Communicate with your client
- Provide privacy, only the area being cleansed is uncovered
- Use universal precautions
- Use proper body mechanics
- Observe skin as you work
- Wash face ears and neck- rinse, dry
- Wash shoulder, arm and arm pit- rinse, dry and cover
- Place hands in basin, wash and dry well
- Wash chest and abdomen- rinse, dry and cover
- Replace basin with clean water
- Cleanse leg, soak foot in basin- rinse, dry and cover
- Replace basin with clean water
- Turn client onto side, wash back and buttocks with long strokes
- Wash genital area, rinse, dry and cover

Shower

- Keep room warm
- Check area for safety including: non skid mats, rails/grab bars and non skid rug
- Assemble equipment
- Communicate with your client
- Allow client to participate
- Use universal precautions
- Observe skin
- Test water temperature
- Assist client as needed

Partial bath

- Can be done in bed, chair, or on the commode
- Provide necessary supplies
- Provide privacy
- Assist only as needed

Continuing Education 2010
Caregiver Essentials:

Recognizing Depression

Course Prerequisite:
Fundamentals of Caregiving

Course Description:

This module is designed to provide Caregivers an introduction to the topic depression. It is a two and one-half hour module. It will apply toward the Washington State requirement of ten hours of Continuing Education each year following the completion of Fundamentals of Caregiving. A certificate of completion will be provided upon successful completion of this module.

Course Objectives:

This course will provide:

1. A broad overview on the topic of mental health
2. The signs and symptoms of depression
3. Depression in the elderly
4. Ways to provide support and direction to clients within your role as a Caregiver

Course Structure:

This course is presented in a lecture and participative format. Discussions and participant interaction are encouraged throughout the course. Opportunities to share experiences and ask questions will be provided.

What is Mental Health?

Being mentally healthy doesn't just mean the absence of a mental health problem.

With good mental health, one can:

- make the most of one's potential
- cope with life
- play a full part in family, workplace, community, and among friends

Some people call mental health 'emotional health' or 'wellbeing' and it is just as important as good physical health.

We all have times when we feel down or stressed or frightened. Most of the time those feelings pass. But sometimes they develop into a more serious problem and that could happen to any one of us.

Everyone is different. People may bounce back from a setback while someone else may feel weighed down by it for a long time.

Mental health doesn't always stay the same. It can change as circumstances change and as a person moves through different stages of life.

There is a stigma attached to mental health problems. This means that people feel uncomfortable about them and do not talk about them much. Many people do not feel comfortable talking about their feelings. But it is healthy to know and express feelings.

What is good mental health?

Good mental health is not simply the absence of diagnosable mental health problems, although good mental health is likely to help protect against development of many such problems. Good mental health is characterized by a person's ability to fulfill a number of key functions and activities, including:

- the ability to learn
- the ability to feel, express, and manage a range of positive and negative emotions
- the ability to form and maintain good relationships with others
- the ability to cope with and manage change and uncertainty

Good mental health hygiene can include:

- talking about feelings
- keeping active
- eating well
- drinking sensibly
- keeping in touch with friends and loved ones
- asking for help when you need it
- taking a break
- doing something one is good at and enjoy
- acceptance
- caring for others

What are mental health problems?

Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on.

Mental health problems are usually defined and classified to enable professionals to refer people for appropriate care and treatment. But some diagnoses are controversial and there is much concern in the mental health field that people are too often treated according to or described by their label. This can have a profound effect on their quality of life. Nevertheless, diagnoses remain the most usual way of dividing and classifying symptoms into groups.

Most mental health symptoms have traditionally been divided into groups called either 'neurotic' or 'psychotic' symptoms. 'Neurotic' covers those symptoms which can be regarded as severe forms of 'normal' emotional experiences such as depression, anxiety or panic. Conditions formerly referred to as "neuroses" are now more frequently called "common mental health problems."

Less common are 'psychotic' symptoms, which interfere with a person's perception of reality, and may include hallucinations such as seeing, hearing, smelling or feeling things that no-one else can.

Signs and Symptoms of Depression

Depression is a common form of mental illness. Causes and risk factors that contribute to depression in the elderly include:

- Loneliness and isolation – Living alone; a dwindling social circle due to deaths or relocation; decreased mobility due to illness or loss of driving privileges.

- Reduced sense of purpose - Feelings of purposelessness or loss of identity due to retirement or physical limitations on activities.
- Health problems – Illness and disability; chronic or severe pain; cognitive decline; damage to body image due to surgery or disease.
- Medications – Many prescription medications can trigger or exacerbate depression.
- Fears – Fear of death or dying; anxiety over financial problems or health issues.
- Recent bereavement - The death of friends, family members, and pets; the loss of a spouse or partner.

Signs and symptoms of depression in the elderly

Recognizing depression in the elderly starts with knowing the signs and symptoms. Depression red flags include:

- Sadness
- Fatigue
- Abandoning or losing interest in hobbies or other pleasurable pastimes
- Social withdrawal and isolation (reluctance to be with friends, engage in activities, or leave home)
- Weight loss; loss of appetite
- Sleep disturbances (difficulty falling asleep or staying asleep, oversleeping, or daytime sleepiness)
- Loss of self-worth (worries about being a burden, feelings of worthlessness, self-loathing)
- Increased use of alcohol or other drugs
- Fixation on death; suicidal thoughts or attempts

Is it grief or depression?

Although a grieving person may experience a number of depressive symptoms such as frequent crying and profound sadness, grief is a natural and healthy response to bereavement and other major losses. There is a difference, however, between a normal grief reaction and one that is disabling or unrelenting. While there is no set timetable for grieving, if it does not let up over time or extinguishes all signs of joy—laughing at a good joke, brightening in response to a hug, appreciating a beautiful sunset—it may be depression

Depression without sadness

Older adults do not always fit the typical picture of depression. Many depressed seniors do not claim to feel sad at all. They may complain, instead, of low motivation, a lack of energy, or physical problems. In fact, physical complaints, such as arthritis pain or headaches that have gotten worse, are often the predominant symptom of depression in the elderly.

Older adults with depression are also more likely to show symptoms of anxiety or irritability. They may constantly wring their hands, pace around the room, or fret obsessively about money, their health, or the state of the world.

How do Older Adults Experience Depression?

Depression is not a normal part of aging, and studies show that most seniors feel satisfied with their lives, despite increased physical ailments. However, when older adults do have depression, it may be overlooked because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief.

In addition, older adults may have more medical conditions such as heart disease, stroke or cancer, which may cause depressive symptoms, or they may be taking medications with side effects that contribute to depression. Some older adults may experience what some doctors call vascular depression, also called arteriosclerotic depression or subcortical ischemic depression. Vascular depression may result when blood vessels become less flexible and harden over time, becoming constricted. Such hardening of vessels prevents normal blood flow to the body's organs, including the brain. Those with vascular depression may have, or be at risk for, a co-existing cardiovascular illness or stroke.

Although many people assume that the highest rates of suicide are among the young, older white males age 85 and older actually have the highest suicide rate. Many have a depressive illness that their doctors may not detect, despite the fact that these suicide victims often visit their doctors within one month of their deaths.

The majority of older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. Research has shown that medication alone and combination treatment are both effective in reducing the rate of depressive recurrences in older adults. Psychotherapy alone also can be effective in prolonging periods free of depression, especially for older adults with minor depression, and it is particularly useful for those who are unable or unwilling to take antidepressant medication.

Types of Treatments:

The intensity of the depression influences what treatment may be needed. Treatment can include:

- Counseling, traditionally 1:1 psychotherapy; family therapy may also be helpful
- Antidepressant medication; Prozac, Celexa, Zoloft, Paxil are some of the more common ones
- Alternative therapies such as acupuncture, massage, light therapy, herbal therapies, and multi-vitamins

Before being diagnosed with depression, elderly adults should be screened for common health issues that can affect mood. These include:

- Hormonal imbalances
- Thyroid problems
- Vitamin B12 deficiency
- Other nutritional deficiencies
- Electrolyte imbalances or dehydration

FYI section:

Is it Depression or Dementia?

Symptoms of Depression

- Mental decline is relatively rapid
- Knows the correct time, date, and where he or she is
- Difficulty concentrating
- Language and motor skills are slow, but normal
- Notices or worries about memory problems

Symptoms of Dementia

- Mental decline happens slowly
- Confused and disoriented; becomes lost in familiar locations
- Difficulty with short-term memory
- Writing, speaking, and motor skills are impaired
- Doesn't notice memory problems or seem to care

Whether the cognitive decline is caused by dementia or depression, prompt diagnosis and treatment are key. If it's depression, memory, concentration, and energy will bounce back with treatment. Treatment for dementia will also improve a loved one's quality of life. And in some types of dementia, symptoms can be reversed, halted, or slowed.

Providing Support within Your Role as a Caregiver

As non-medical providers, Caregivers are not expected to be a client's source of mental health support. However, Caregivers need to recognize basic symptoms and refer accordingly. When in doubt talk to the supervisor. Calling 911 might necessary if the client is threatening self-harm or harm to you or others.

Tips to provide help:

Break large tasks into smaller ones and encourage the client to do the best he/she can

Help the clients set and reach realistic goals

Encourage the client to stay socially active and involved, be physically active, and take medications as prescribe and attend medical appointments as scheduled

Listen and offer support

Bring up the subject of depression:

Depression is a taboo subject for many seniors, and they may have an especially tough time thinking of it as an actual illness. But the first step toward helping someone who's depressed is letting her know she has support.

Instead of plunging directly into a tough discussion about therapy or treatment, try asking what's going on. "I've noticed you haven't been sleeping well and you've been so irritable lately. You just don't seem like yourself. Are you okay?" Of course, there's no guarantee that your tactful, gentle probing will open the floodgates, but it's worth a shot.

Encourage a visit to the doctor:

In the best-case scenario, there has been a great heart-to-heart with the person in care and she's agreed to talk to a psychotherapist or psychiatrist about her mood. In the worst case, she's repeatedly brushed off attempts at discussion and doesn't want to hear another word about it. In that case, one might want to try another approach: Suggest a check-up with her primary care doctor. A senior may be less resistant to this idea, and she may be more willing to listen to a doctor who urges her to get help.

If the client resists: If she's resistant to the idea of seeing a doctor because she's embarrassed or afraid, help her understand that a diagnosis of depression isn't the shameful secret it once was. It doesn't mean she's "crazy" or is going to be taken away

to a nursing home. What's more, her test results are private, so no one but she and her doctor needs to know.

If the client refuses: If she absolutely refuses to see a doctor, there's not a whole lot that can be done. A worker cannot force the issue unless she's psychotic or suicidal, or her depression has progressed to the point where she can no longer take care of herself. If none of those circumstances apply, the best bet is to enlist other family members and friends to try to persuade her to seek help.

Support during treatment:

When someone is diagnosed with depression, the doctor may prescribe antidepressant medications and/or psychotherapy. The doctor may also recommend lifestyle changes. The client may need to be driven to appointments, reminded to take the new medications, helped getting out more, or help in making other lifestyle changes.

Support the client in getting professional help: Even if a primary care doctor diagnosed the depression, the person may still benefit from seeing a mental health professional. Not all primary care physicians are comfortable treating depression.

Provide reassurance: Seniors are often anxious about taking antidepressants, either because of the stigma they associate with such medications or because they're afraid of potential side effects. Assure the person in care that the doctor can work with her to find the medication that's most effective with the least-severe side effects.

Other ways to help:

Simply supporting a senior as she struggles with depression can help a great deal. Here are some other things that can be done:

- Help her stay as physically active as possible. Make sure you talk to her doctor about what activities are appropriate before beginning any exercise program. Find activities you can do together, such as a morning walk around the neighborhood. Exposure to sunlight can help break the cycle of sleeping during the day that many depressed people fall into.
- Structure the day around activities that give her pleasure and a sense of purpose. For example, meet friends for lunch or enjoy a leisurely walk through the mall.
- Join a support group. Talking to other people who're struggling with similar issues can be enormously comforting and helpful. It's also a great way to connect with other seniors and caregivers.

Remember that it's not all up to the care provider:

In the end, it's really the responsibility of the person who's suffering from depression to get help for herself. If she won't talk to her doctor or comply with treatment, you can't make her—and you shouldn't blame yourself. Keep offering support and provide positive reinforcement when she takes those difficult steps toward recovery.

But there's only so much you can do. If feelings of guilt or sadness overwhelm you, you may need help coming to terms with the fact that your loved one isn't going to get help. Ask your own doctor for information about support groups and other resources to help you manage your own feelings.

FYI section

7 Ways to Support and Care for a Depressed Elder



Depression is not a normal part of aging, and yet it often goes undiagnosed.

"One of the hardest questions I get from families is, 'How can I get my elderly loved one mental health help when they don't want it?' " says Joel E. Streim, MD, professor of geriatric psychiatry at the University of Pennsylvania. Many seniors are resistant to treatment because they don't want to burden their families, or equate depression with weakness or even death.

But because older adults are at risk for depression, are underserved by the mental health profession, and have the highest rates of suicide in the country, taking a proactive approach is crucial. Here are some coping strategies.

1. Learn to distinguish depression from other stressors. Depression is not normal bereavement or stress. "If your parent is not eating for more than a few days, or loses interest in activities that used to give her pleasure for more than two weeks, it could be depression," says Dr. Streim.
2. Recognize that little losses can mean a lot to the elderly. For example, if your elderly father can no longer drive, offering to squire him around or pay for a taxi service won't

necessarily soften the blow. "The elderly are less likely to cope with loss as well as young people because of the added years of meaning behind it, and the fewer years with which to move on," says Kathleen Buckwalter, PhD, RN, professor of gerontological nursing at the University of Iowa. Caregivers can help by recognizing its significance: "Ask your elderly parent what they feel about the loss. It's really important to hear them out and honor their emotions. Listening offers direct comfort and support."

3. Be aware that depressed adults don't always look depressed: "Older adults often say, 'I am not sad,' or 'I am not lonely,' because they don't want to be a burden on the family," he says. "Instead, they show signs of distress by wringing their hands excessively, getting agitated or irritable, or having difficulty sitting still."

4. Don't impose your terminology: "For the person who says, 'No, I am not depressed,' listen closely to what has changed in their life," says Dr. Streim. For example, if a senior says she can't sleep, he uses that as a hook to discuss how he may have some ideas about getting to sleep better or longer. "I don't say the words 'depression,' 'drugs,' or 'therapy' if an older adult doesn't buy into the idea that they need help," he says.

5. Recognize that depression is an illness, not laziness. Family members should be aware of the disability that depression can cause and should avoid making depressed parents or relatives feel guilty by telling them to get out more or pull themselves up by the bootstraps. "I have seen people so sick with their depression that they can't get out of bed," says Dr. Streim.

6. Don't take over the person's life. Buckwalter urges caregivers not to do things for older people that they can do for themselves. "Doing things for a depressed person is often not helpful at all, because it reinforces their perception that they are worthless and incapable," she says. Instead, help your elderly relative break tasks into steps and praise them for any efforts.

7. Try to participate in your elderly relative's medical care. Because of new confidentiality laws, geriatric psychiatrists can't disclose information to families without their patient's permission. "Many older people do give us that permission," says Dr. Streim. "If they don't, family members can always call me and let me know what they are seeing, and it is helpful when they do."

Continuing Education
Transfer and Body Mechanic Training

Course Prerequisite

Fundamentals of Caregiving

Course Description This module is designed to provide caregivers with relevant information to improve their caregiving and transfer skills. It is a two and one-half hour module. It will apply toward the Washington State requirement of ten hours of Continuing Education each year following the completion of Fundamentals of Caregiving. A certificate of completion will be provided upon successful completion of the module by SEIU Training Partnership.

Course Objectives

This course will enable participants to:

1. Review and determine which transfer techniques to utilize.
2. Demonstrate an understanding and use of a Transfer/Gait belt.
3. Demonstrate an understanding and use of a Hoyer Lifter.

Course Structure

This course is presented in a lecture and participative format. Discussions and participant-to participant interactions are encouraged throughout the course. Opportunities to share experiences and request input will be provided.

Transfer and Body Mechanics Training

Transfer and Body Mechanics

What You Will Learn:

- 1) Review of body mechanics – critical to safe transfers
- 2) Gait Belt Transfers
- 3) Slide Board Transfers
- 4) Wheelchair Transfers
 - a. Getting in/out of wheelchair
 - b. Positioning while in a wheelchair
 - c. Wheelchair to toilet transfer
 - d. Wheelchair to care transfer
- 5) Hoyer Lift

Where To Start:

The most important source of how to transfer a person and how much a person may assist is the person herself. Ask her how she has been transferred in the past and tell how you will transfer her now (you both must be on “the same page”). You should also refer to the plan of care which will tell you how much a person may help. The definitions are reprinted here:

Minimum Assist: the client can do 75% of task by self. Caregiver provides only 25% assistance.

Moderate Assist: the client does 50% of the task. Caregiver provides 50% assistance.

Maximum Assist: the client does 25% of the task. Caregiver provides 75% assistance.

Dependent: the client is unable to help in transfer. The caregiver must transfer the client.

FACTORS TO CONSIDER IN A TRANSFER

- Always know what the client can do to participate in the transfer.
- Always inform the client of your transfer plan.

FOLLOW ALL THE BODY MECHANICS RULES WHEN TRANSFERRING

1. Stand close to the client
2. Stand with a broad base of support, feet apart shoulder width
3. Assist at the hips and shoulder blades (NEVER PUT YOUR ARMS AROUND CLIENT NECK)
4. Bend your knees, hips, and keep your back straight
5. Get as close to the client as possible
6. Move in the direction of the transfer

Before any transfer, explain the activity to the client and ask if they are ready.

TRANSFER GAIT BELTS

A transfer/gait belt is made of webbing or twill and has a buckle or clasp on it.

1. Place the belt around the natural waist of the client, or if obese, just below the umbilicus. Do not catch a woman's breast under the belt.
2. Buckle the transfer belt securely making sure it is not too tight.
3. Stand in front of the client and hold onto the belt by sliding your hands under the belt at the client's sides. This provides the best control of the client.
4. Ask the client if she/he is ready. Proceed with the transfer, assisting the client as needed. A transfer belt works well for persons needing a moderate to maximum assist in transfer. On the count of three, assist the client to move from one surface to another as you provide support. Keep your back straight, have a good base of support, and use the muscles of your arms and legs.

HELPING THE CLIENT TO STAND Note: In general, encourage the client to transfer towards their stronger side.

1. Have the client put their feet flat on the floor with their knees bent and feet about shoulder width apart. Client should be asked to scoot forward in their seating surface. If they cannot do this, they must be assisted
 - a) Place your body in front of the client & communicate to the client to lean forward
 - b) One leg at a time from behind the knee lift the leg upward and gently pull forwards (make sure client has no hip or knee injuries/issues prior to doing this)
2. Bend your knees and put them up against the client's knees.
3. Have them put their nose over their toes.
4. Ask the client if she/he is ready. Have them push off from the seating surface.
5. Provide assistance with support in the transfer belt or from your arms, under her arms and your hands against her scapula.
6. Keep your back straight, knees and hips bent.
7. Rock her backwards and forwards three times.
8. On the count of "three", assist her to stand using firm, gentle upward pulling motion as you push your knees into her knees. Instruct her to assist by pushing down on the arms of the chair.

Note: NEVER ALLOW CLIENTS TO PUT THEIR ARMS AROUND YOUR NECK

SLIDE BOARDS

These are used for persons unable to support their weight on their legs. Boards improve the client's ability to transfer with less assistance. You will need specific instructions for each client, but in general:

1. Lock the wheelchair or make sure chairs do not move.
2. Swing away or remove the wheelchair footrests.
3. Remove the arm of the wheelchair.
4. The transfer board should be clean, dry, or covered (i.e., a towel).
5. Make sure the client's clothes are dry.
6. Place a towel or pillowcase over the board if the client is moving into shower.
7. Ask the client if she/he is ready. Client will slide along the board or "hop" on the board to the other surface.
8. The caregiver provides assistance in helping the client maintain balance and direction.

WHEELCHAIR TRANSFER

1. Lock the brakes and swing or remove the wheelchair footrests.
2. When moving toward a bed or chair, have the client move toward the strong side.
3. Have the client slide forward and put both feet flat on the floor.
4. Stand close to the client to prevent a fall.
5. Place hands on the client's hips or transfer belt if using one.
6. Have the client lean forward and push down on the wheelchair arm rests and stand up on the count of three, both people must be standing.
7. You may use your knees to support your client's knees, if necessary.
8. Allow the client to use what function they have. Turn, guiding the client to the next surface.
9. Your hips should face the client throughout the transfer so you avoid twisting. Have your client's legs back up against the surface, and then have client sit down, using armrest if possible.

POSITIONING IN A WHEELCHAIR

1. The wheelchair seat is often made of vinyl material, which retains heat and can cause perspiration. Clients need to shift weight frequently to maintain their blood circulation.
2. The seat should be low enough so feet can reach the floor. Ideally, the chair should have a firm, flat surface.
3. The footrests should be adjustable for comfort and support.
4. The wheelchair should have large wheels in the back and small ones in the front, allowing for safe turning.
5. The armrests should be padded or upholstered.
6. Support the client's arms on the chair's armrests or on pillows to prevent the shoulders from drooping.
7. Place the client's hips well back in the chair.
8. Secure client in place with pillows at sides to prevent slipping or sliding.
9. Ensure male clients do not sit on their genitals.
10. Note: **PULL THE WHEELCHAIR** when going **DOWNHILL** or **ON-OFF THE ELEVATOR**.

WHEELCHAIR TO TOILET TRANSFER

When transferring a client from a wheelchair to a toilet, use extra care to assure safety for the client and yourself.

1. Explain the activity to the client and check she/he is ready.
2. Check the toilet area for grab bars or support that the client may use in lowering himself or herself to the toilet seat. **A TOWEL RACK IS NOT A GRAB BAR AND WILL NOT SUPPORT PEOPLE.**
3. Have the wheelchair face the toilet, leaving enough room for the client to stand and turn.
4. Lock the wheels and remove the footrests.
5. Stand in front of the client - ask the client if she/he is ready - place your arms under both arms of the client and hold the gait belt or the scapula to steady the client as he or she comes to a standing position. At the same time turn the client slowly by small steps until his or her back is to the toilet.
6. Arrange the client's clothing if necessary.
7. Help the client lower him or herself onto the toilet.

8. Wash your hands thoroughly.
9. Reverse the procedure to move the client back to the wheelchair.
10. Have the client wash his or her hands thoroughly.

CAR TRANSFERS – Car transfers are the most unstable transfer – technique depends on the make and model of the car as well the client's ability. Planning before the transfer is done is key.

1. Position the car seat as far back as possible.
2. The front of the passenger seat is the most spacious seat in the car.
3. A large plastic bag or non friction upholstery such as vinyl or leather helps the client to slide easily.
4. Position car away from curb so the client stands on level pavement, or have the car close to the curb so the client will not have to step down onto the pavement from the curb.
5. Avoid parking the car on an incline.
6. Have the car engine off – put the car in PARK with BRAKES SET.
7. Have the car door open and window rolled down.
8. Have the client stand by putting left hand on car dash or where window is rolled down depending on which is the most stable (if the client is using the door, you must hold onto the door to make sure it does not swing), the right hand pushes off on the wheelchair to a standing position.
9. Have the client turn, facing the door and place the right hand on the seat back or door frame and sit down sideways onto seat. Most people want to put their feet in the care first – it is important the client not do this to prevent injury.
10. Have the client turn in the seat and place one, then other foot in car.
11. Reverse this process in transferring the client out of the car.
12. See handout for instructions on how to safely load wheelchair into most automobiles.

NOTE: Sometimes this approach to transferring a client into the car does not work. If that is the case adapt this process to meet your client's needs.

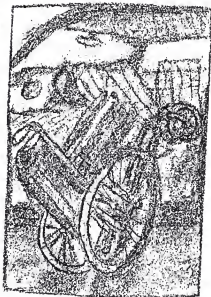
THE HOYER LIFTER

This device is used to transfer clients who are unable to bear weight or move on their own. All lifters have a strong base that supports the client's weight, a mast, boom and cradle. A canvas or nylon sling is used for holding the client during the lift. The four point padded u-sling is useful with the majority of clients. A sling with a headrest is useful with agitated clients. A one piece full body sling is useful with rigid clients and amputees. There are hydraulic lifters, crank operated lifters and power lifters. The following procedure is suggested when using a hydraulic lifter. It is important that you have thorough understanding of how to use the lifter device safely. Always explain to the client what you are going to do.

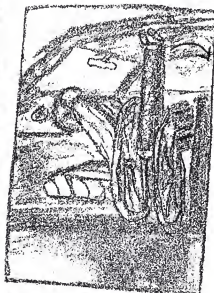
Position the sling under the client by using the log roll method, turning the client from side to side and slipping the sling under the body with the smooth side of the fabric toward the client's skin. The sling must be positioned correctly. If the lower edge of the sling is too high the client could slip (feet first) out of the sling. If the edge is too low, the client could also slip out.

- 1) The bottom edge of a one-piece sling should be placed just above the knees. The top edge should extend behind the shoulders and up to the head.
- 2) With the two-piece sling, place one of the canvas strips behind the client's thighs so that it forms a seat for the sling. Position the second canvas strip under the client's shoulders so it supports the client's trunk.
- 3) Position the lifter by the bed so that the lifting arm extends above the client. The support legs should be in the widest most stable position.
- 4) The client's arm should be crossed over his/her chest to keep them out of the way during the lift.
- 5) Fasten the chains of the lift onto the sling. The chains of the seat section are slightly longer in order to create a semi-sitting position when the sling is lifted. When you fasten the chains, make sure the hooks are pointed away from the client.
- 6) Stand close to the client's head and help guide the client. During the lift the chair should be as close as possible to the lifter and the route carefully planned for safety.
- 7) The valve on the hydraulic pump should be closed. Begin pumping and gradually lift the client off the bed. Lift until the client just clears the bed and no higher. The higher the lift, the less stable the balance.
- 8) Maneuver the lifter away from the bed and guide the client slowly and maintain balance of the lifter. Position the client above the final destination. Pay attention to correct positioning in the seat.
- 9) Release the hydraulic valve slowly, correcting the position as the client is guided downward. Be careful not to open the valve too far as this could cause the client to be lowered too abruptly.
- 10) Close the valve as soon as the client is on the chair to prevent the arm support from lowering onto the client's head.
- 11) Unfasten the chains from the sling and remove the lift. The sling remains under the client until the client is back in bed. If the client has a Hoyer with a break-away sling, then it may be removed until further use.

Wheelchair Loading Instructions



- Slide and tilt driver's car seat as far forward as possible. (If in a 4-door car, simply open the rear door.)
- Tip wheelchair back on its rear wheels so that the front wheels are off the ground. Roll the wheelchair on its rear wheels until they make contact with the doorframe of the car. The front wheels should be inside the car, at this point.



- Roll the rear wheels of the wheelchair over the car door's frame, so that the wheelchairs begins to more fully be in the back seat area of the car. You may have to incline the handles toward the rear of the car to allow the wheelchair to fully in to the car.
- Once the wheelchair is fully into the car, lay the wheelchair towards the rear of the car across the back seat.



- Slide and tilt driver's car seat Back to a normal driving position.

Reverse the process to retrieve the wheelchair from the car.

Wheelchair Unloading Instructions

- Slide the car seat as far forward as possible. If in a 4-door car, simply open the rear door
- Tip the seat forward towards the steering wheel position to give you as much room as possible.
- Bring the wheelchair to an upward position.



- Back the wheelchair towards you until the back wheels reach the edge of the door frame.
- Lift up slightly to place the weight on the front wheels and guide wheelchair out of car towards you.
- Gently set the rear wheels onto the ground.

- Using the rear wheels as a guide back the wheelchair out of the car.
- Roll wheelchair away from the car.
- Open the wheelchair and lock the



Name: _____

Date: _____

Transfer and Body Mechanic Test

Please circle T for True or F for False:

- T or F When doing a transfer to or from a wheelchair, it is important to lock the brakes.
- T or F It is best to use a gait belt rather than a Hoyer lifter when transferring a client who is unable to help in transfers.
- T or F A Hoyer lifter is a good device to use when transporting a client outdoors.
- T or F It is safer to push a wheelchair onto an elevator and off of an elevator.
- T or F When assisting a client to transfer to or from your vehicle, do not allow them to hold onto the car door.
- T or F It is important to know your client's ability to participate in a transfer and to explain your transfer plan to the client.
- T or F The log roll method is helpful when installing and/or removing a sling.
- T or F Your hips should face the client throughout the transfer in order to avoid twisting.

Multiple Choice: Please circle the letter preceding the best answer.

What are the basic parts of a Hoyer lifter?

- a) base
- b) mast
- c) boom
- d) cradle
- e) all of the above

It is best to use a Hoyer lifter to transport a client for:

- a) long distances
- b) short distances

Name: _____

Date: _____

Fall Awareness and Prevention Test

Please circle T for True or F for False:

- T or F One third of the older adults who fall, sustains a hip fracture, is hospitalized and die within a year.
- T or F Personal and environmental factors contribute to increasing ones chance of falling
- T or F I can lessen the risk of falls by creating a safer environment and removing environmental dangers
- T or F Fear of falling may lead to inactivity and loss of confidence, therefore decreasing the quality of life and increasing the risk of future falls.

Continuing Education 2010 Caregiver Essentials:

Healthy Cooking

Course Prerequisite:
Fundamentals of Caregiving

Course Description:

This module is designed to provide Caregivers an introduction to the topic of Healthy Cooking. It is a two and one-half hour module. It will apply toward the Washington State requirement of ten hours of Continuing Education each year following the completion of Fundamentals of Caregiving. A certificate of completion will be provided upon successful completion of this module.

Course Objectives:

This course will provide:

1. A broad overview on the basics of healthy cooking
2. The building blocks of a well-rounded diet
3. Special diet considerations
4. Recipe booklet

Course Structure:

This course is presented in a lecture and participative format. Discussions, demonstrations, and participant interaction are encouraged throughout the course. Opportunities to share experiences and ask questions will be provided.

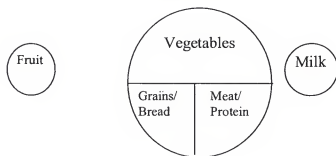
The Basics

A) Healthy Eating Hints – 10 ‘Commandments’

Here are some general guidelines to follow when choosing food and beverages on a daily basis.

1. Use your eyes to eat healthy – We know we need to eat more vegetables and fruit. We also have been hearing about whole grains and the need to cut back on meat. We will hear about portions and servings, what is good to eat and what is not so good to eat. Many people can't measure out portions and calculate servings sizes at every meal. A shortcut is to fill up your plate just right to assure you are eating more of a good stuff and less of the stuff that is not so good if you overdue it. One method is called the “Idaho Plate Method”.

The Idaho Plate Method: Basically, you fill half your plate with vegetables, the remaining quarters equally with grains and protein. It is used for Diabetics and for general weight loss/control. It is a simple way to include more fiber, complex carbohydrates, lower fat and is especially useful for seniors and those too busy to count calories, etc. Fill half your plate with fruit at breakfast and vegetables at lunch or dinner. The other two quarters should consist of protein and carbohydrates. Choose lean meats, fish, or beans for your protein.



Choose whole grains (oats, buckwheat, whole wheat, millet) for your carbohydrates. Legumes (beans, peas, lentils) and starchy vegetables (corn, potatoes, yams, etc) also fit in the carbohydrates category. This way, you fill up on the fiber-rich foods and eat less of the other categories. Countries that utilize this diet approach tend to have less disease.

2. Drink at least 8 cups (64 ounces) of water every day. Also limit alcohol and caffeinated beverages - they are diuretics (they dry you out by increasing urine output). If you are drinking enough water and are otherwise healthy, your urine should be clear and odor free.
3. Choose whole foods or foods that are close to nature – organic is the best. There are certain foods that have higher pesticide use than others such as peppers, strawberries, tomatoes, apples cherries, peaches and cantaloupe, etc. – make sure to buy organic versions of these foods. Dairy and juices are better in organic versions. If you cannot buy organic, at least buy products that grows somewhere. Processed foods should be avoided (foods that are prepared and packaged such as chips, candy, etc.) as these foods are high in sodium and low in vitamins and minerals. Avoid deli or processed meats such as salami, pastrami, sausage, hot dogs, bacon, etc. If you drink milk, buy organic or use organic alternates like soy, rice or almond milks. Buy organic yogurt and add fruit yourself for less sugar than the flavored

kinds. Instant oatmeal, rice or cereal is usually a sweetened version of the real food with less fiber, so it cooks quicker. It is better to buy whole natural food and cook ahead of time.

4. Avoid white versions of pasta, bread, potatoes, etc. Choose whole wheat bread. Whole grain versions of pasta and rice have more protein as well as fiber. If you do eat white potatoes, eat the skin. Otherwise, choose yams or sweet potatoes.
5. Avoid trans fats! *избегайте трансжиров* They are foreign in your body and may be worse than saturated fats. Avoid foods with the word hydrogenated on label. Even if food label mentions "trans fat free", if they contain hydrogenated oils, they still have some trans fat. If the amount is less than 0.5 gram of trans fat per serving, it can say trans fat free. Hydrogenation is the chemical reaction that results from the addition of hydrogen. This process increases shelf life of foods and alters the melting points of fats. This is how baked goods, cookies and other products can stay fresh on the shelf for months. Margarine is full of trans fat and other chemicals (there are margarines that actually help lower cholesterol, that are made of oil blends without artificial ingredients and that are dairy and trans fat free – you have to read the label to find out). Your body does not know how to process hydrogenated food and hydrogenated food increases the risk for heart disease and stroke. If the ingredients have the word hydrogenated or partially-hydrogenated, avoid them.
6. Avoid foods with artificial sweeteners. Scientist are still not sure that they are 100% safe and the natural version or sugar reduced version is a better choice. Try fruit flavored seltzer or water or add lemons or oranges to plain water.
7. Eat Smart – did you know that when you eat can affect your health?
 - a. Several smaller meals are better than three big meals -- This helps keep your energy levels the same and dampens binge eating due to going without food for long periods of time. Animals in nature tend to graze all day long rather than three large meals – ever see a fat wild animal?
 - b. Don't skip breakfast – studies have shown that breakfast eaters actually consume less calories per day than those who skip breakfast.
 - c. Stop the late night trips to the fridge – better yet, don't eat after 6:00 PM. Studies have shown eating the same amount of calories earlier in the day is better than later in the day – you burn off more calories by eating earlier. And if you stop eating earlier in the evening, at least three hours before bed time, this also helps you sleep better and helps with acid indigestion and other problems associated with eating too close to bedtime.
8. Choose fresh or frozen vegetables over canned. Canned versions contain high amounts of sodium and are not as nutritious. If you buy canned food, look for 'low sodium' or 'reduced sodium' cans.
9. Shop smart – Shop on a full stomach and avoid the impulse buys.
 - a. Grocery shopping should take place mainly on the perimeter of the supermarket where the fresh foods are. Fresh foods should make up the bulk of your foods at home as well. Buy time-saving cut up foods if short on prep time. Or you can prep

items after shopping by cutting up vegetables or fruits for easy access...consider it exercise! Store bulk foods like pastas or grains in mason jars or canisters for easy access and organization.

- b. Don't shop when you are hungry – eat a piece of fruit and a glass of water before you shop to avoid impulse purchases.

10. Read food labels and be conscious of ingredients you should avoid. Be as nutrition-knowledgeable as possible because “you are what you eat.” If the list is full on ingredients whose names you don't recognize – look them up before you commit to buying them. Some people say the longer the list of ingredients, the more you should think about if you really need that food product.

B) Weight & Nutrition - Good Nutrition for the New You

Millions of Americans will go on diets this year. Some will succeed in taking the weight off, but very few will manage to keep it off.

One reason for the low success rate is that many people look for quick and easy ways to lose weight. Some find it difficult to believe that in this age of “medical miracles” an effortless weight loss method does not exist. Therefore, they give in to quick fix claims like “Eat All You Want and Still Lose Weight!” or “Melt Fat Away While You Sleep!” In addition, they invest their hopes and money in pills and programs that promise easy weight loss.

Facts about Weight Loss

Being obese can lead to serious health consequences. These include an increased risk of heart disease, stroke, high blood pressure, diabetes, gallstones and some forms of cancer. Losing weight can help reduce these risks. Many people who suffer from knee pain and are overweight have stated their knee pain eased or went away after losing just 5-10 pounds. Here are some general points to keep in mind about weight loss:

- The only proven way to lose weight is either to reduce the number of calories you eat or to increase the number of calories you burn off through physical activity. Most experts recommend a combination of both.
- Very low-calorie diets are not without risk and should be pursued only under medical supervision. Unsupervised very low-calorie diets can deprive you of important nutrients and are potentially dangerous.
- Fad diets rarely have any permanent effect. Sudden and radical changes in your eating patterns are difficult to sustain over time. In addition, so-called “crash” diets often send dieters into a cycle of quick weight loss, followed by a “rebound” weight gain once normal eating resumes and even more difficulty reducing when the next diet is attempted.
- To lose weight safely and keep it off requires long-term changes in daily eating and physical activity. But you do not have to make drastic changes to achieve weight loss that you can

sustain over time. A total reduction of 3,500 calories is required to lose a pound of fat. Try one of these ways to shed 5-15 pounds in a year:

- Love soda- pop? If you gave up drinking one can a day, you would give up 100 calories per day, or 36,500 calories per year – or a loss of 10 pounds in a year!
- Eat lost of French fries? If you gave up one large order of French fries per week, you would lose almost 10 pounds in a year (try our Fabulous French Fries recipe to save over 250 calories per serving).
- Eat a candy bar on your break every day? If you gave up eating one candy bar every other day, you would lose 14 pounds in a year.
- Addicted to Mochas? If you gave up just one large mocha a week, you'd lose 6 pounds in a year.
- Daily Donut your Habit? Just once per week have an apple or banana (75 calories) rather than a donut (400 calories) and you'd lose almost 5 pounds in a year.

Sensible Weight Maintenance Tips

It takes some effort to lose weight, but there are ways to make it easier. Focus on making small changes to your life's daily routine. A balanced, healthy diet and sensible, regular physical activity are the keys to maintaining your ideal weight. Here are some generally accepted guidelines for losing weight:

- Consult with your health professional to determine your ideal healthy body weight.
- Eat smaller portions and choose from a variety of foods.
- Load up on foods naturally high in fiber: fruits, vegetables, legumes and whole grains. Fill at least half your plate up with these foods at each meal.
- Limit portions of foods high in fat: dairy products like cheese, butter and whole milk; red meat; cakes and pastries.
- Perform any type physical activity at least three times a week.
- Drink 60 to 70 ounces of water each day.

C) Servings and Portions and Sizes – Oh My!

Have you seen the movie “Supersize Me”? Did you know that about 60% of Americans are overweight or obese? What are we doing today that we did not do in the past? Basically, we do less physical activity and eat more calories. The daily intake of calories of the average American has increased from 1,854 calories to 2,002 calories over the last 20 years. Although the 148 calorie increase per day does not seem alarming, that works out to an additional 15 pounds each year (there are 3500 calories in a pound). Our ancestors also did much more physical labor and were more active in general. Modern technology has given us the term “couch potato”.

The Idaho Plate Method, as discussed earlier, is an excellent portion control method.

What is the difference between a portion and a serving? A serving remains the same no matter if you are big or small – it is a standard way to measure the amount of food we should eat. A “serving size” is a measurement used in order to relay the nutritional information like calories, protein, fat and vitamins & minerals of a particular amount food and is found on the nutrition label of that food. A “serving size” does not vary between individuals and are standardized measurements. A ‘portion’ is what someone puts on a plate. Portions have increased dramatically over the past decade or two. Quite often, a portion contains several servings of food. For example, one should have no more than 3 ounces of meat in a day. If you have a 12 ounce steak, this is 4 servings of meat (12 ounces divided by 3 ounces = 4). The portion is huge and contains many servings.

So how many servings should one have in a day? Below are the suggested servings from the American Heart Association. The chart shows the suggested numbers of servings based on a daily intake of 1600 or 2000 calories. The lower number is *generally* for women and the higher number is *generally* for men, but you may need more or less depending on your age, physical activity level or whether you are trying to lose or gain weight:

Food Type:	<u>GRAINS</u>
Servings for 1600 Calorie Diet:	6 servings per day
Servings for 2000 Calorie Diet:	6-8 servings per day

1 serving =	1 slice of whole wheat bread 1 ounce of dry cereal (varies cereal by cereal – usually between $\frac{3}{4}$ to 1 cup) $\frac{1}{2}$ cup cooked rice or pasta (preferable whole grain) – about the size of a baseball $\frac{1}{2}$ cup cooked oatmeal (preferably old-fashioned variety)
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Food Type:	<u>VEGETABLES</u>
Servings for 1600 Calorie Diet:	3-4 servings per day
Servings for 2000 Calorie Diet:	4-5 servings per day

1 serving =	1 cup raw leafy vegetables (lettuce, spinach, etc) $\frac{1}{2}$ cup raw or cooked vegetables $\frac{1}{2}$ cup vegetable juice
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Food Type:	<u>FRUITS</u>
Servings for 1600 Calorie Diet:	4 servings per day
Servings for 2000 Calorie Diet:	4-5 servings per day

1 serving =	1 medium fruit (about the size of a baseball) $\frac{1}{4}$ cup dried fruit $\frac{1}{2}$ cup frozen or fresh fruit $\frac{1}{2}$ cup fruit juice (preferably non-sweetened)
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Food Type:	<u>FAT-FREE or LOW-FAT DAIRY</u>
Servings for 1600 Calorie Diet:	2-3 servings per day
Servings for 2000 Calorie Diet:	2-3 servings per day
1 serving =	1 cup fat-free milk 1 cup fat-free or low-fat yogurt ½ cup fat-free or low-fat cottage cheese

Food Type:	<u>LEAN MEAT, POULTRY, SEAFOOD, or VEGETARIAN PROTEIN*</u>
Servings for 1600 Calorie Diet:	1-2 servings of 3 ounces cooked per day
Servings for 2000 Calorie Diet:	No more than 2 servings of 3 ounces cooked per day
1 serving=	3 ounces of cooked meat is the size of a deck or cards or computer mouse 3 ounces of coked fish is the size of a check book 3 ounces canned tuna or salmon ½ cup cooked beans (except green beans) or lentils

* Include at least 2 servings of fish per week – preferably salmon, sardines, mackerel, or other fatty fish

Food Type:	<u>NUTS, SEEDS, & LEGUMES (Beans)</u>
Servings for 1600 Calorie Diet:	3-4 servings per <u>WEEK</u>
Servings for 2000 Calorie Diet:	4-5 servings per <u>WEEK</u>
1 serving =	1/3 cup or 1.5 ounces of nuts 2 Tablespoons of peanut butter (preferable no sugar added) 2 Tablespoons or ½ ounce of seeds ½ cup beans or peas

Fats and oils should be no more than 2-3 tablespoons of butter, mayo, salad dressing, etc per day.

Sweets and added sugar should be limited to 0-5 servings per WEEK (1 serving = 1 Tablespoons sugar, 1 Tablespoons jam, etc)

Let's try an example – a peanut butter and banana sandwich on whole wheat bread. Assume you use two tablespoons of peanut butter in your sandwich - can you determine the servings (Elvis has left the building)?

D) Water

Nearly half of your body is water. We make some water, but not enough to keep our body half-full. Refills are essential because we lose water throughout each day in our urine, sweat and while

breathing. Refilling our water losses with water and a variety of healthy foods and beverages keeps all systems running smoothly and prevents the dangers of dehydration. Water helps to digest food and transports vitamins and minerals directly to the places they need to be. Waste products and toxins are washed away and your organs get bathed regularly with water. Your body also uses water to maintain a very stable internal body temperature through a complicated system involving evaporation.

As with most health issues, every individual is a little bit different. It is important to follow recommendations to meet your own health needs. Each of us, depending upon our size, weight, activity level, metabolism, health condition, medications we are on and the types of foods we eat, will each require a little different amount of water. We all need at least 1cc or milliliter of water for every calorie we take in to process and digest it. So if you eat about 1500 calories per day, you would need at least 1500 milliliters of water to digest them. Six to eight glasses (about 1440 to 1920 milliliters) of fluids a day is a general recommendation believed to fit most adults who eat a typical American diet.

Here are some facts to think about regarding hydration:

1. *You may be dehydrated long before you are thirsty.* As we get older, our thirst sensation disappears, so thirst is not a reliable indicator! Sipping on fluids throughout the day is a better choice for keeping us refilled, rather than waiting to drink only when we get thirsty. A good indicator is to check for dry skin or to pinch your skin and see how quickly it returns to normal. If it is not instantly, then you may be dehydrated.
2. *You can die from dehydration.* Our bodies simply refuse to work when they do not have adequate water. Low fluid intake over just two to three days can result in death caused by dehydration. Symptoms of dehydration can be headaches, fatigue, dizziness, and confusion – all seemingly simple symptoms which become serious very quickly if left without water! Many people end up in the hospital for dehydration – especially in the summer.
3. *Diarrhea, vomiting, fever, dry climates, hot weather and high altitudes increase our need for water.* If traveling by air, visiting warmer climates, or experiencing heat waves in the summer, take extra caution to drink extra water. Water may be leaving the body faster than usual. The color of your urine is another good indicator of how hydrated you are. It should be clear to light yellow. If it is dark, you are not getting enough fluid!
4. *Water is free of calories, fat, and cholesterol.* It is readily available and is very cheap. It can be served at any temperature, and is legal to drink at any age.
5. *Caffeinated and alcoholic beverages actually subtract from your fluid intake.* Caffeinated soda, coffee, tea, hot cocoa and alcoholic beverages are all diuretics that make you urinate more often, thus depleting your fluid stores even more than the amount you took in. Caffeine is also present in various over-the-counter medications and in chocolate.
6. *The more processed a food is, the more water that has been removed from it.* In a time when we eat so much processed food, we are getting less water than from fresh fruits,

vegetables, etc. Compare the water content of a grape vs. a raisin or a corn kernel vs. and corn chip. Even canned foods have less water than fresh fruits due to the heat of the canning process.

What are some obstacles that prevent us from getting enough to drink?

1. **“But I don’t like water!”** There are many ways to spruce up the taste:
 - Add fresh lemon, lime or orange wedges.
 - Save the juices from canned fruits and pour into your daily water pitcher to add a slight hint of fruit flavor.
 - Use $\frac{1}{4}$ fruit juice in each cup of water. This provides subtle flavor, while diluting the calories and sugars found in fruit juice.
 - Make herbal teas (no caffeine). Drink hot or iced.
 - Experiment with fresh herbs and flavorings. Slices of fresh ginger, sprigs of rosemary, lavender, mint or lemon thyme can all be brewed in hot water. Chill or drink hot.
 - Drink flavored sparkling water, tonic water or seltzer to get fluid without calories or sugar. Try different flavors like mandarin orange, black cherry or lemon-lime. It has no calories, sugar or sodium. There is a small amount of sodium in club soda.
2. **“I don’t want to be in the bathroom all night.”** For most people, drinking all the water before the evening meal prevents them from unwelcome trips to the bathroom during the night. Also drinking water before a meal helps fill you up and is less likely to send you to the bathroom as when you drink water without a meal.
3. **“I don’t remember to drink water.”** Make drinking water part of your daily routine. You can write notes to yourself if you really cannot remember.

Ask yourself these questions to determine if you are getting enough fluids.

- Do I get headaches in the morning or throughout the day?
- Is my skin dry, flaky or itchy?
- Do my throat and nostrils sometimes feel dry?
- Do my eyes get tired and feel dry by the middle of the day?
- Do I feel tired and worn down more often than I would like?
- When I eat fruits or vegetables, are they usually canned or dried?
- Do I regularly eat crackers, chips or other processed snack products?

Try drinking more fluids for a few days and ask yourself, “How do I feel compared to how I felt before?” Do your eyes, skin, throat and nostrils feel moister? Are you less tired? Have your headaches left? If so, your body is asking you for more water. Before you reach for that aspirin when you have a headache, try drinking some fluids. Fill all your cells with the water they need to be healthy, especially during the upcoming hot weather. Make drinking water or non-caffeinated beverages a habit and feel the difference!

Building Blocks

A) Fiber – Fill ‘er up!

What’s healthy, contains no calories, vitamins or minerals and even passes through the body without being digested? It’s found in plant foods but not in animal products. It makes you feel full without weighing you down with calories. It has listed on nutrition labels and it also helps prevent such diseases as colon cancer, heart disease, diabetes and help lower cholesterol. Give up yet? → Fiber will enhance your health in many different ways.

What makes fiber so special?

Fiber & Weight

A high fiber meal is bulkier and takes up more room in the stomach and because of fiber’s structure; the meal empties out of the stomach into the small intestine at a slower rate than with a low fiber meal. This results in a longer feeling of fullness and may contribute to eating less, as well as, less often. Therefore, eating a high fiber diet is an important part of maintaining a healthy weight or of any weight loss program.

Fiber & Diabetes

Because a high fiber meal slows the stomach from emptying, this results in a slower release of glucose into the blood. This improves insulin’s sensitivity and increases the likelihood of better blood glucose levels.

Every nutrition label on processed foods contains the amount of dietary fiber in grams per serving, so look for the line directly under “Total Carbohydrates” to find your fiber facts. If there are five or more grams of fiber in foods, you may subtract those grams of fiber from the total carbohydrate, since technically they are not digested by your body. [Example: 25grams total carbohydrate – 5 grams of fiber = 20 grams of carbohydrate] So the more fiber, the better!

The Idaho Plate Method promotes filling half your plate with vegetables at lunch and dinner to increase fiber and fill you up, so you will eat less of the carbohydrates and protein on your plate. It works!

Fiber & Heart Health

Fiber’s complicated structure has yet another positive impact upon our digestion. Fiber actually interferes with the way the body absorbs dietary fat and cholesterol. This results in lower blood cholesterol levels, which is an aid to heart health.

Fiber & Constipation

It is no secret that a high fiber diet reduces constipation. Considering that many laxative products are simply made of fiber, increasing dietary fiber is a much tastier, less expensive and more nutritious way to aid our elimination. Also keeping our bowels moving may help prevent attacks of diverticulitis for those who have diverticulosis. The waste in your body is full of toxins, so why would you want it in your body any longer than necessary? Adequate fiber should help you ‘go’ at least once per day.

How Much Fiber is Enough?

Typical Americans eat about 10-15 grams of fiber per day. Current recommendations for individuals over 50 years of age are 30 grams of fiber for men and 21 grams of fiber for women per day. Fiber should come from varied sources such as these: fruits; vegetables; whole grain breads, pasta and cereals; legumes; nuts and seeds.

Here are some tips for getting your fiber fix each day.

At breakfast:

- ☑ Include at least one serving of fruit at breakfast to get off to a good fiber start. One banana, one orange or five prunes all contain about 3 grams of fiber.
- ☑ Look for oat bran in the bulk foods section of your local grocery store. Add a few tablespoons of oat bran to your oatmeal.
- ☑ Read bread labels before making your toast. The first ingredient should read “whole grain flour” or “whole wheat flour” or “whole rye flour”. This means that the bread is made from whole grain and will be higher in fiber. **Three** grams of fiber per slice is a good goal for bread.
- ☑ Enjoy bran cereals, such as raisin bran or bran flakes for a higher amount of fiber than other flaked cereals such as cornflakes. Shredded wheat is another good choice.
- ☑ Add a tablespoon of wheat germ to your yogurt and gain about 3 grams of fiber.

At lunch:

- ✱ Keep cans of legumes (beans) in your cupboard. Drain and add garbanzo, navy, kidney, black and other beans to canned soups, salads, mixed vegetables and pasta dishes to boost fiber.
- ✱ Try high fiber soups such as bean, split pea, lentil, barley and vegetable.
- ✱ Add fresh spinach to sandwiches instead of lettuce.
- ✱ Try rye crisps or rye wafers with soup or salad instead of a roll.
- ✱ Sprinkle sesame seeds, sunflower seeds or pumpkin seeds on salads.
- ✱ Have fruit for dessert or choose one that contains fruit. Apple pie has more fiber than chocolate cake.

At dinner:

- ☑ Avoid the work of peeling your potatoes for mashed potatoes. Keep the skin on and make “chunky” mashed potatoes for extra fiber.
- ☑ Double up on vegetables and decrease protein and starch servings.
- ☑ Choose brown rice over white rice. Try whole grain pasta instead of regular. Try other grains such as quinoa, millet or barley.

So focus on fiber and shoot for your recommended daily fiber goal. Increase the amount of fiber in your diet slowly, by adding five to ten gram increments for a week before adding more to allow your digestive tract to adjust. Also be sure to add more water into your diet to help the fiber pass through your body smoothly and safely. The main reason people ‘react’ to high fiber foods is because their body is not used to it. If you are continually consuming a high fiber diet, your body will adjust.

NOW FOR A QUICK FIBER QUIZ...True or False

1. Taking fiber supplements is just as effective as changing your diet.
 2. Cooking vegetables destroys fiber content.
 3. A peeled apple has less fiber than an unpeeled apple.
 4. Older people are the ones who should eat more fiber-rich foods.
 5. "All whole wheat bread is brown, but not all brown bread is whole wheat."
-

B) CALCIUM

CALCIUM is the most common mineral found in the body. 99% is in bones and teeth and 1% in blood & soft tissue.

Most of us take our bones for granted unless one creaks, hurts or gets broken. Unhealthy bones can lead to osteoporosis, a painful disease of bone deterioration. Osteoporosis results in bone weakness, fractures, and loss of mobility and independence. The risk of having osteoporosis increases with age and may be related to an entire lifetime of factors. Osteoporosis is an avid killer of women in the United States and affects millions of men and women. Hip and spine fractures are the most common injuries and are difficult to recover from.

Calcium is a mineral that helps our blood clot; muscles contract and relax (such as our heartbeat); calcium helps nerves send messages and maintains cell membranes. We constantly lose calcium through urine, sweat and feces. It is supplied from bone, so we must replace the calcium lost with food sources. Calcium needs change throughout our lifetime. In our teenage years, we are building bone and intake is crucial. We consume more calcium than we lose up until about age 30. Later in life, we start to lose more than we take up, which can lead to osteoporosis.

What CALCIUM can do for you

- **Functions in the body.**

Calcium has numerous important roles in the body. In fact calcium is so vital; the body will break down bones to maintain calcium levels in your system. Calcium plays a role in the following function of the body:

- ✓ Helps build strong **bones & teeth**
- ✓ Constriction & relaxation of **blood vessels**.
- ✓ Transmitting **nerve** impulses.
- ✓ **Muscle** contraction & relaxation (including the **heart** muscle).
- ✓ Secretion of **hormones**.

- **Disease Prevention.**

Calcium plays a part in preventing conditions and diseases such as:

- ✓ Osteoporosis
- ✓ Hypertension (risk factor for heart disease & stroke)
- ✓ Intestinal cancers such as colon cancer.

How much is enough?

- Adults 19-50 yrs old need 1,000 mg/day
- Adults 50+ yrs old need 1,200 mg/day

Where to find CALCIUM in food (the amounts shown are 1 serving)

- ✓ Milk / Chocolate Milk (1 cup)
- ✓ Yogurt (8 oz)
- ✓ Cheese (1 ½ oz)
- ✓ Tofu (1 cup)
- ✓ Canned salmon (with bones-3 oz)
- ✓ Almonds (1/4 cup)
- ✓ Spinach (1/2 cup)
- ✓ Mustard & Collard Greens (1 cup)
- ✓ Broccoli (1/2 cup)
- ✓ Orange juice with Calcium (8 oz)
- ✓ Enriched soy milk (8 oz)
- ✓ Latte (8 oz)
- ✓ Garbanzo Beans (1 cup cooked)

Foods in the dairy group (milk, cheese, yogurt) generally contain more CALCIUM than non-dairy options. It is important to include a variety of food BUT if you can eat dairy foods try to include them among your choices.

Exercise is your best supplement

Studies have concluded that physical exercise is the key to building strong bones (**it is more important than any other factor**). For example, a study published in the British Medical Journal that followed 1,400 men and women over a 15-year period found that exercise may be the best protection against hip fractures and that "reduced intake of dietary calcium does not seem to be a risk factor." And Penn State University researchers found that bone density is significantly affected by how much exercise girls get during their teen years, when 40 to 50 percent of their skeletal mass is formed.

- ✓ Exercise. Studies have proven that exercise, especially weight bearing or moderate impact exercise can maintain and even increase bone density and prevent further loss of CALCIUM from your bones.

Terrific Trio - Calcium, Potassium, Magnesium

Calcium has two partners that help curb high blood pressure – potassium and magnesium. They pitch in to help keep blood pressure levels in check. Most adults need at least 1,000 mg of calcium per day. Choosing 3 or more servings of milk products a day helps you meet your calcium needs and supplies potassium and magnesium, too. What counts as a serving:

- 1 cup of yogurt or milk
- 1 ½ ounces of natural cheese
- ½ cup of cottage cheese
- ½ cup of frozen yogurt or ice cream
- ½ cup pudding

Getting enough vitamin D.

Vitamin D, the sunshine vitamin, works closely with calcium to keep bones healthy. NW residents may receive low levels without much sunshine, especially if they do not get outside very often. Also as we age, our skin and kidneys become less efficient at processing Vitamin D. If you do not spend about 15 minutes in the sun (exposing the face and arms each day), be sure to take a supplement or eat fortified foods. Some foods that contain Vitamin D are cod liver oil, fatty fish such as mackerel, herring or salmon, egg yolks and dairy products (it is usually added to milk & other foods).

Limiting salt intake. Sodium leaches (removes) calcium out of the bones.

Eating plenty of fruits and vegetables. They contain vitamin C, which is essential for building collagen & bones.

Not smoking. Studies have shown that women who smoke one pack of cigarettes a day have 5 to 10 percent less bone density at menopause than nonsmokers.

How can I get enough calcium if I cannot drink milk?

Milk, yogurt, cheese, cottage cheese and other dairy products are good sources of dietary calcium. But there are other good sources of calcium as well. These include canned salmon & sardines with bones, broccoli, fortified fruit juices, fortified soy, rice or almond milk, fortified breads, tofu set in calcium, soybeans, figs, leafy green vegetables (kale, collards, turnip and mustard greens), bok choy, legumes, almonds, Brazil nuts, cauliflower and blackstrap molasses. By including a variety of these foods in your diet, you will get calcium, plus many other important nutrients as well.

C) Carbohydrates...Good or Bad?

The Atkins, Zone and other low carbohydrate diets are finally falling off the fad wagon. It is time to clear up the myths and figure out what to eat. First of all, all carbohydrates (carbs) are not created equal. Carbs are found in foods that contain starches, sugars and grains and provide vitamins, minerals and fiber that we need. Soda pop, spaghetti and oatmeal are all sources of carbs. There are simple and complex carbohydrates.

Simple carbohydrates such as soda, desserts, sweets and candy provide few nutrients, contribute to dental problems and add unwanted calories that end up as fat if not used up. Sugar is absorbed faster in the bloodstream and provides that 'quick' energy we hear about. They are fine in moderation, but should be looked at as treats and not as main fare. Our higher rates of obesity and diabetes can be connected to our love of this type of carbs.

Complex carbohydrates provide higher quality fuel; have vitamins, minerals, fiber; and are absorbed more slowly in the bloodstream. The problem is that these are not the types of carbs we typically choose to eat. Whole grain breads, oatmeal, cereal and pasta are complex carbs and are better choices than products made with white flour and sweets. If you are diabetic, good

carbohydrate choices *help* control blood sugar. There is no need to eliminate carbohydrates from your diet. The more fiber the carbs have, the less your blood sugar goes up. You can actually subtract the number of grams of fiber from the total grams of carbohydrate if the number exceeds five, since fiber does not convert to sugar or is absorbed in the bloodstream at all!

Our bodies are designed to use carbohydrates as our major fuel source. We happen to convert carbohydrate-containing foods into energy very efficiently. The premise of low carbohydrate diets is that we force our body to use fat for fuel by depriving it of carbs, its preferred energy source. This is called Ketosis, which is not very healthy and may be an unsafe. This diet does work - as with most diets that change what you eat everyday, but any pounds that you may lose can be mostly water and are liable to return eventually. You may even gain more weight back than you lost. Low carbohydrate diets are not nutritionally adequate and lack necessary fiber, vitamins, minerals and natural fuel we require. The foundation of our diet should be healthy carbohydrate sources such as whole grain breads, cereals, pasta and brown rice. Try different grains, such as quinoa or millet by adding them to soups or by creating delicious salads. And remember that although fruits, vegetables, low-fat dairy products, and legumes are listed in separate food groups, they also provide nutritious sources of carbohydrates.

As with any food, eating too much will impact our weight. Portion size is important. A "serving size" of carbohydrate foods is equal to one 1 oz slice of bread, ½ cup rice or pasta, or ¾ cup of cereal. This means that one super huge bagel or muffin may actually be equal to two or three serving equivalents, and a large plate of pasta could offer as much as six serving equivalents on one plate! As most of us only need six to ten servings of bread, grain and cereal foods in a whole day to meet that portion of our calorie and nutrient needs, being fooled by super huge portions will result in too many calories. Also, adding creamy, fatty sauces, whole milk, cheese, butter or margarine to these foods will greatly increase their fat and calorie content. And extra carbohydrate calories, over and above our individual calorie needs, get converted into fat and result in weight gain. So cut that bagel in half or take those often enormous restaurant leftovers home and save the rest for tomorrow.

Tip...All whole wheat bread is brown, not all brown bread is whole wheat. This means coloring may be added to bread to make it look whole wheat. Look at the grams of fiber (a good amount is 3-4 grams per slice) and for Whole Wheat on the label.

D) Vegetables - Eat your Greens and Reds and Blues.

Scientists have discovered that plants have literally hundreds of disease-fighting components. These components include naturally occurring vitamins and minerals, and special chemicals (called phytochemicals). We simply cannot replicate in a multi-vitamin what Mother Nature has already so perfectly provided for us. A single orange contains hundreds of these phytochemicals, many of which we do not even have names for. Some of us may take isolated supplements such as vitamin C or beta-carotene. While this arguably may be a good thing to do, we would be much better off just eating the orange or a carrot. This is because all of the plant chemicals in a fruit or vegetable work together, creating greater health benefits by being consumed together at once.

It is important to eat a variety of colorful foods because the chemicals that are responsible for the different colors have unique health benefits. The deeper the color the better. Popular foods these days are pomegranates, blueberries and cranberries to mention a few. Also, carefully watch the amount and/or type of fat, sugar, and sodium that you add when cooking. When you fill up on fruits and vegetables that are full of fiber, you will eat less fattening and sugar-laden foods offered at dinners and parties. This is a great strategy for weight maintenance.

Have you heard that populations in other countries have lower rates of diseases that are high in Americans? Have you also heard that you should fill your plate with mostly plant foods? There has to be a connection, after all you are what you eat. Diabetes, cancer (especially colon and stomach) and heart disease tend to be lower in countries that have more of a plant-based diet. Vegetables are low in carbohydrates and make a good base for our diets, especially for diabetics, hyperglycemics or people trying to lose weight. They are also low in calories and high in fiber, which helps fill us up, leaving less room for foods with more fat and calories. Animal foods lack fiber and are higher in calories, fat and cholesterol. A hamburger is the exact opposite of a plant-based diet. ☺

The American Institute for Cancer Research's *New American Plate* eating plan recommends filling your plate with 2/3 or more **plant** foods and 1/3 or less **animal** foods. Plants contain nutrients that are like their own 'immune system' that help them fight off attacks from insects and endure harsh weather much like in our own bodies. The phytonutrients and other compounds in vegetables and fruits help us prevent damage to our DNA from toxins in our food, air and environment. Many phytochemicals and other compounds that make fruits and vegetables good for us also provide color. So it is a good habit to include different colored fruits & vegetables every day to get the full preventive benefits. Here are some of the ways the bright colors of plant foods benefit us.

Fruits and vegetables that are...

BLUE & PURPLE: contain (especially in the skins) varied amounts of health-promoting chemicals which are known for their anti-cancer and anti-aging benefits. Include **blueberries, grapes, red cabbage & eggplant** in your diet to help maintain:

- Urinary tract health, memory function & healthy aging

GREEN: contain chemicals which have potential antioxidant, health-promoting benefits. Green tea is also a cancer fighter. Include vitamin A containing, dark green leafy vegetables such as **kale, swiss chard, spinach & broccoli** every day to maintain:

- Vision health & strong bones and teeth

WHITE, TAN AND BROWN: contain varying amounts of chemicals of interest to scientists. Including these vegetables in your diet helps maintain:

- Heart health & cholesterol levels that are already within range

YELLOW AND ORANGE: contain varied amounts of antioxidants that help combat aging and promote good health in general. Including **carrots, peppers, oranges & pumpkins** every day helps maintain:

- A healthy heart, vision health & a healthy immune system

RED: contain health-promoting properties. Include **strawberries, tomatoes, pomegranates & cranberries** in your diet to help maintain:

- A healthy heart, memory function & urinary tract health

Here are some of the healthiest vegetables rated for contents of fiber, Vitamin A, Vitamin C, folate, calcium, iron and copper (inter squash and swiss chard would be next in line after potatoes).

Nature's Top Ten List

- | | |
|--------------------|---|
| 1 - Sweet Potatoes | 6 - Kale |
| 2 - Carrots | 7 - Dandelion greens (not just a weed!) |
| 3 - Spinach | 8 - Broccoli |
| 4 - Collard greens | 9 - Brussels sprouts |
| 5 - Red peppers | 10 - Potatoes |

Tips on including Five to Nine servings a Day.

- ✓ Look at your meals & add nutrients & flavor by adding color. Try adding blueberries to cereal, in baked goods or as a cancer-fighting snack. Add grapes or berries to salads.
- ✓ Experiment with different fruits & vegetables often...we tend to eat the same ones.
- ✓ Keep frozen fruits or vegetables on hand to add to dishes if cooking solo or storage is a concern.

Here are some ways to include the power of plants in your meal plan (most of these tips also increase fiber, so you get a double dose of good).

At breakfast:

- Include one or two servings of fruit to get off to a good start. Add a banana or berries to cereal; eat an orange, grapefruit or prunes; have green or black tea instead of coffee.
- Look for oat bran in the bulk foods section of your local grocery store. Add a few tablespoons of oat bran to your oatmeal.
- Add fruit to plain yogurt for great taste, more fiber and less sugar than fruited yogurt. You can also add a tablespoon of wheat germ and gain about three grams of fiber.
- Use fruit as a topping for waffles, pancakes or French toast. Try applesauce, berries or bananas.
- Make a fruit smoothie with soy milk, yogurt, fruit and nuts – add ground flaxseed for omega 3 fatty acids.

At lunch:

- Keep cans of legumes (beans) in your cupboard. Drain and add garbanzo, navy, kidney, black and other beans to canned soups, salads, mixed vegetables and pasta dishes.
- Try soups that contain vegetables like Minestrone, Lentil & Vegetable Barley or add extra vegetables to meat-based soups.
- Try pizza without meat, with less cheese and extra vegetables.
- Add fresh spinach to sandwiches instead of lettuce or use dark green lettuce instead of iceberg. Add tomatoes, sliced cucumbers & sprouts.
- Fill a half of cantaloupe or honeydew with cottage cheese or yogurt and top with granola or grape nuts (and throw the bowl away when you are done!).

- Add fruits and vegetables as snacks in between meals as well.

At dinner:

- Base meals on plant foods and use meats as the side dish. Eat more ethnic dishes which tend to be based on plant foods. Try vegetable or soy burgers, textured vegetable protein or other meat analogs (fake meat).
- Avoid the work of peeling your potatoes for mashed potatoes. Keep the skin on and make “chunky” mashed potatoes for extra fiber & nutrients.
- Add extra peppers, garlic and onions to stir fries, stews and pastas.
- Double up on vegetables and decrease protein and starch servings. Or go totally meatless. Think of some meals you already make and add to them such as spaghetti, vegetable stir fries and Mexican food using beans.
- Have fruit for dessert or choose one that contains fruit – enjoy Blackberry Crisp rather than Chocolate Cake.

E) Fat – The Good , The Bad & The Ugly (Truth)

According to the American Heart Association dietary fats are essential to give your body energy and to support cell growth. They also help protect your organs and help keep your body warm. Fats help your body absorb some nutrients and produce important hormones, too. Your body definitely needs fat – but not as much fat as most people eat.

There are many different types of fats. The two broadest groups are saturated and unsaturated fats. Saturated fats are solid at room temperature and come from mostly animal sources, like meats, milk, cheese and butter. Foods that are high in saturated fat often contain cholesterol, which is only found in animal foods. On the flip side, unsaturated fats are liquid at room temperature and include oils such as olive, peanut, canola and vegetable oil, to name a few. Unsaturated fats can be further categorized into monounsaturated fats (olive, canola and most nut oils) and polyunsaturated fats (vegetable oil, corn oil and soybean oil).

The Good Fat

Unsaturated fats in moderation are considered good as they help lower cholesterol levels when consumed in moderation.

Omega-3 fats and monounsaturated fats are called “heart healthy”. According to the American Heart Association, Omega-3 fatty acids benefit the heart of healthy people, and those at high risk of — or who have — cardiovascular disease. The best source of omega-3 fatty acids is in deep cold water fish such as salmon. Other sources include walnuts, walnut oil or flaxseeds as alternative sources. These common foods are monounsaturated fats sources:

Olive Oil
 Canola Oil
 Peanut Oil and Peanuts
 All nut butters (peanut butter, almond butter, etc.)

Avocados
 Almonds and Almond Oil
 Hazelnuts and Hazelnut Oil

The Bad Fat

Saturated fats and *trans* fats raise bad cholesterol (LDL) levels in your blood. Saturated fats are found in animals. Transfats are man made and added to foods to prolong their shelf life. Transfats (hydrogenated fats) are very bad for you. Liquid oil is made solid by adding hydrogen to it and therefore creating an unnatural bond. Unfortunately, these trans fats are worse for your body as saturated fat. Some say that because the body detects them as foreign, they are like throwing a wrench in your system. If the food contains partially hydrogenated oil, there is trans fat in it.

Since January, 2006, companies must list the amount of trans fat on food labels. Many products have labels saying they have zero grams of trans fat, but you will see from the list of ingredients that they still contain partially hydrogenated oil. Under FDA regulations, if a serving contains less than 0.5 gram, the label can list zero grams of trans fat. Suppose a product contains 0.4 grams per serving and you eat four servings (which is possible!), your total is 1.6 grams of trans fat, despite the fact that the package claims that the product contains zero grams of trans fat per serving. It is misleading and confusing to the lay public. It is best not to eat anything with hydrogenated or partially-hydrogenated ingredients on the list.

The Ugly Truth

Remember that even though a fat is described as “heart healthy”, too much of a good thing can be bad. Fat does have healthy attributes, but it also is a concentrated source of calories. Furthermore, the body does not expend much energy turning dietary fat into fat stores, unlike with carbohydrates and protein. Over eating high fat items can show on the scale quickly. Current recommendations are to have approximately 30% or less of your calories be from fat, with 1/3 (10%) or less of those fat calories coming from saturated fats. If you are not one who counts calories, focus on having most of your fat come from unsaturated fats, like olive oil, canola oil or peanut oil, and you will be on your way to a healthy balance between saturated and unsaturated fats. Eating more of a plant-based diet may be a helpful plan and remember moderation is the key.

Here are some tips to help you incorporate more unsaturated fats (good fats) into your diet:

- Use olive oil as base for a home-made salad dressing
- Cook with Canola oil
- Snack on a small handful of unsalted nuts
- Add sliced avocado as a plate garnish or make guacamole dip
- Dip your bread in a small amount of olive oil instead of using butter
- Add a few nuts to salads, baked goods and cereal

Fat on the Body - If you are overweight, where your fat lies may affect your risk of certain diseases. In particular, abdominal fat is a greater risk for heart disease in comparison to other areas of the body.

Eat more whole foods and less processed foods. Consider basing your diet on more fats that are monounsaturated and eating more plant foods.

Nuts get a bad wrap but they are nutritious, a good source of protein, have no cholesterol, travel well and are a great after workout snack. Try almonds, cashews, pecans, pistachios, sunflower

seeds or walnuts. Each ¼ cup serving has about 200 calories, 7 grams of protein, 5 grams of Carbohydrate, 0 mg Cholesterol, 20 grams of fat, 2 grams of Saturated fat and if unsalted, no sodium. Try them after an activity or an in between meal snack.

Fat has been portrayed as taboo which fostered the fat-free craze a few years ago. Fat has earned part of its bad reputation, since a high fat diet has been linked to many types of cancers and heart disease. What many do not know is that fat has many useful roles within our bodies, such as transporting certain vitamins, cushioning our organs and serving as a source of energy. Removing it completely from the diet is actually not a good idea and could lead to deficiencies, such as essential fatty acid deficiency.

F) Protein – Are you getting enough or too much?

What foods come to mind when you hear the word “Protein?” Meat? Cheese? Peanut butter? Are you worried about eating ‘too many carbohydrates’ and basing your meals on protein foods? Is it possible to have too much protein?

Meat, cheese and peanut butter are all good sources of protein, but there are many more. All foods except sugars and fats have some protein...even vegetable and fruits. The best protein sources are meat and meat substitutes, legumes (beans) and legume products, nuts and nut butters, seeds, dairy products and eggs. However, animal protein is high in fat and cholesterol and may lead to health problems if eaten in excess. Eating a variety of sources of protein will help you get the protein you need in a healthy manner.

Excess protein (Americans often eat over 100 grams per day – twice what is recommended) may cause such problems as kidney disease, cancer, osteoporosis and kidney stones. Eating excess protein strains the kidneys when they have to expel the extra nitrogen through urine. It also causes us to excrete more calcium than normal, which may increase risk of osteoporosis. Countries with high meat intakes often have higher incidence of colon cancer. Meat’s natural carcinogens, lack of fiber, fat and protein content and possibly the way it is cooked may play a role.

Why Do We Need Protein?

We build the proteins we need from amino acids which come from the foods we eat. Every day protein replenishes skin cells and intestinal cells. Bones, blood, and organs need protein to stay healthy and function. Some proteins carry minerals like iron and calcium through the blood. Protein helps our immune system fight infections and prevents illness and disease. If we do break a bone or become ill, it is protein to our rescue to help heal and recover. The average woman needs about 50 grams of protein and the average man needs about 65 grams daily.

What is Protein Deficiency?

Our body’s need for protein does not diminish. Even on days when our bodies do not get enough, our maintenance and remodeling tasks must still be accomplished. So, on days when we do not eat enough protein, the body compromises and takes protein cells out of our stores which are our organs

and muscles. When this happens, our organ function declines, our muscles become weaker and we lose strength and lean muscle weight.

Some older adults suffer from protein deficiency after an illness or surgery, when appetites are poor and food intake is low. This is when our bodies need protein more than ever, to do extra healing reconstruction, as well as to work harder at fighting off infections when our resistance is low.

Healthy Protein Sources

Here is a list of nutritious ways to include protein foods during times of recovery and healing, as well as to ensure adequate protein intake.

- o Finely chop or grind and freeze in one to two ounce portions leftover chicken, turkey, other lean meat. Add to canned soups or stews for extra protein.
- o Add diced tofu or canned beans, such as garbanzo beans, black beans or great northern beans to canned soups, casseroles, rice dishes or salads.
- o Snack on mixed nuts or seeds such as sunflower or pumpkin.
- o Enjoy lentil, bean and split peas soups.
- o Tuna salad, egg salad or bean salads are soft, easy to chew entrees that can be eaten alone, spread on bread or dipped onto crackers. Foods served cold are sometimes easier to eat during times of poor appetite or nausea because they have fewer aromas than hot foods.
- o Chop hard boiled eggs into salads, sandwich spreads or casseroles.
- o Add 1-2 tablespoons of non-fat powdered milk or soy protein powder to each glass of milk to enhance the protein density. These powders can also be added to puddings, hot cereals, mashed potatoes and casseroles.
- o Sprinkle black beans, cheese and tuna on half of a tortilla shell. Fold other half over. Heat in microwave until cheese is melted and cut into wedges.
- o Prepare a smoothie by blending milk or soy milk, yogurt, fruits and peanut or other nut butters.
- o Top a pancake or crepe with cottage cheese, ground nuts and jam and roll up to eat.

The best way to get adequate protein is to include a variety of sources every day and that you do not necessarily have to have meat to get your protein. If you have diabetes, heart disease or are overweight, you may want to strongly consider more of a plant-based diet to help with all these conditions. Start by filling half your plate with vegetables!

HOW MANY OF THESE 20 PROTEIN-PACKED POWER FOODS CAN YOU FIND?

Almonds
Cheese
Chicken
Custard
Eggnog

Eggs
Fish
Legumes
Lentils
Meat

Milk
Peanut Butter
Powdered Milk
Seeds
Soybeans

Tofu
Tuna
Turkey
Walnuts
Yogurt

R U S D N O M L A T Z D
E S N A E B Y O S U M R
T S S L I T N E L R Q A
T L E G U M E S D K A T
U C W E I O L S D E E S
B H K A H L V C T Y G U
T I L U L C E H O U G C
U C I F R N S G J R N V
N K M O U I U A G E O A
A E U T F R L T A S G T
E N Q X T A E M S P E J
P O W D E R E D M I L K

Special Considerations

A) SODIUM – Salt of the Earth

We have all heard, “follow a low sodium diet” if your blood pressure is high right? Most of the sodium in the American diet is not in the salt we add to our food. Most of it comes from highly processed foods. Reading food labels can help you identify foods high in sodium. Processed foods that are high in sodium include the following:

- ✓ Salted, smoked fish such as sardines, anchovies, caviar, herring, smoked salmon.
- ✓ Canned and instant soups.
- ✓ Bouillon, seasoned salts.
- ✓ Processed cheeses and cheese products.
- ✓ Olives, pickles, sauerkraut.
- ✓ Ketchup, mustard, horseradish.
- ✓ Soy sauce, barbecue sauce, Worcestershire sauce, pasta sauces.
- ✓ Salted or smoked meats such as bologna, corned or chipped beef, hotdogs, sausages, lunch meats, ham.
- ✓ Snack foods such as chips, crackers, pretzels, salted nuts.
- ✓ Foods containing MSG (monosodium glutamate).

It is certainly important to avoid these foods when on a low sodium diet, but research shows that sodium may not be the only mineral that impacts blood pressure for some people. Calcium, potassium and magnesium may also play roles. The DASH Diet is recommended for yet another approach to managing the prevalent problem of high blood pressure.

What is the DASH Diet?

“DASH” (Dietary Approaches to Stop Hypertension) was the name of a clinical study which tested effects of different diets on blood pressure. The conclusion was that the subjects who ate a diet low in total fat, saturated fat and cholesterol and rich in magnesium, potassium, calcium, protein and fiber, had the greatest impact on lowering their blood pressure.

There are a variety of ordinary foods in the DASH Diet and the goal is to be sure that over the course of a week, the average intake comes close to the following recommendations:

- o 7 – 8 servings/day of whole grains and grain products, such as whole wheat bread, oatmeal, English muffins, pita bread, cereal, rice, pasta.
One serving is equal to ½ cup cooked rice, cereal or pasta; 1 slice of bread; 1 cup dry cereal.
- o 4 – 5 servings/day of vegetables, such as tomatoes, broccoli, spinach, carrots, potatoes, kale.
One serving is equal to 1 cup of raw leafy vegetable; ½ cup cooked vegetables; 6 ounces vegetable juice.
- o 4 – 5 servings/day of fruits, such as oranges, apricots, bananas, dates, melons, peaches, grapefruit juice, raisins.
One serving is equal to 1 medium piece of fruit; 6 ounces fruit juice; ½ cup fresh, frozen or canned fruit; ¼ cup dried fruit.

- o 2 – 3 servings/day of 1% or fat-free dairy foods or non-dairy equivalents, such as non-fat milk, yogurt, cheese or fortified soy versions of these foods.
One serving is equal to 8 ounces milk; 1-cup yogurt; 1-1/2 ounces cheese.
- o 2 or fewer servings/day of lean meats, poultry, fish or soy analogs.
One serving is equal to 3 ounces of cooked meat, poultry, fish or soy foods (hot dogs, lunch 'meats' or burgers).
- o 4 – 5 servings/week of nuts, legumes and seeds, such as almonds, hazelnuts, walnuts, sunflower seeds, lentils, garbanzo beans, kidney beans.
One serving is equal to 1/3 cup of nuts; 2 tablespoons of seeds; ½ cup cooked dry beans.
- o 2 – 3 servings/day of fats and oils, such as soft margarines, low-fat mayonnaise, light salad dressings, vegetable oils.
One serving equals 1 teaspoon soft margarine; 1 tablespoon low-fat mayonnaise; 2 tablespoons light salad dressing; 1 teaspoon vegetable oil.
- o 5 or fewer per week of low-fat sweets, such as sugar, candy, jam, syrups.
One serving equals 1 tablespoon sugar; 1 tablespoon jelly or jam; ½ ounce jelly beans; 8 ounces lemonade.

Following the DASH Diet makes it easier to eat less sodium because unlike processed foods, the natural foods found in it are naturally low in sodium. The combination of foods recommended has almost two to three times the amounts of potassium, magnesium and calcium, (those minerals which may help reduce high blood pressure,) than is found in the standard American diet. If you must add salt to your food, do so right before you eat it when you can taste it most.

As always, further research will help to more specifically address the impact of diet on high blood pressure. But for now, adopt the DASH diet and know that you are eating your way to lower blood pressure and a definite healthier you!

B) Sugar – Dolce Vita

For decades, people with diabetes were told to eliminate sugar from their diets. To them, that meant no cake, cookies, candy, jams or jellies. Unfortunately, when someone is diagnosed with diabetes, their desire for sweet tasting foods does not go away; it may even be enhanced. One can satisfy their sweet tooth while avoiding excessive carbohydrates by obtaining naturally sweet items or using sugar substitutes in moderation.

Sugar substitutes often have two names, a technical name and a name that is 'generic' name that is marketed to consumers. For example, aspartame is the technical name for NutraSweet and Equal. New sweeteners have been added to the market within the last few years and each sweetener has different qualities, uses and tastes such as these:

Sweet One (technical name is Acesulfame-potassium) is a sweetener that comes in packets, is used in beverages tastes like sugar and it doesn't break down in heat, so you can cook with it. It has zero calories, less than one gram of carbohydrate and is FDA approved, but is subject to further testing.

NutraSweet (technical name Aspartame) is used in beverages, breakfast cereals, desserts, chewing gum and as a tabletop sugar substitute. It is also called Equal and only a very small amount

sweetens food. High temperatures can decrease its sweetness or make it bitter, so baking with it may be a challenge.

Sweet & Low (technical name is Saccharin) can be used in both hot and cold beverages without changing taste. Saccharin has been removed from the list of cancer causing agents. It is used in diet soft drinks, baked goods and in packets as a sugar substitute.

Splenda (technical name is Sucralose) is a newer calorie-free sweetener. Sucralose is made from real sugar that is processed so the body no longer recognizes it as a carbohydrate. It is eliminated from the body without being absorbed and it is very versatile. It can be used in cooking and baking and will maintain its sweet taste.

Sugar Alcohols also called Polyols are another group of sweeteners. The name “sugar alcohol” has been derived from their chemical structure. Sugar alcohols do not contain any ethanol, as alcoholic beverages do, and are found naturally in many fruits and vegetables as well as other foods. Sugar alcohols (sorbitol, xylitol and mannitol) are used to sweeten sugarless products such as gum, candies, jams and jellies. The bonus of sugar alcohols is that they also add texture, keep foods moist and prevent browning when foods are heated. Sugar alcohols do contain some calories, but they are absorbed more slowly. For some people sugar alcohols can have a laxative effect, although this is usually seen when consumed excessively.

Stevia is an herbal supplement made from a small green plant with leaves that can be 30 times sweeter than sugar. It supports the function of the pancreas and will not adversely affect blood sugar levels. It is especially useful in hot beverages where it dissolves well. It is more difficult to bake with and must be substituted for some of the sugar in recipes, but not all. It has not been FDA approved but is used in Europe and other countries. Natural food stores sell Stevia Extract, Powder and packets (equal to the sweetness of sugar) for easy use.

As with all foods, sugar substitutes in any form should be consumed in moderation or better yet, use natural alternatives. It is a conscious choice that consumers must make, but it should be an informed choice. Long-term studies may help ease the minds of consumers as to the safety of these sweeteners.

Remember, just because a product has been made with sugar substitutes does not mean it is calorie-free, fat-free or healthy. Sugar-free candy still has many empty calories and should be eaten once in awhile as a treat. “Sweets” whether they are sugar-free or regular, are part of the top of the food guide pyramid and should be consumed in moderation.

There are many ways that people with diabetes can incorporate and enjoy sweet tasting foods as part of a healthy diet. Other options include these:

- ✓ count total carbohydrates instead of grams of sugar in foods
- ✓ decrease the amount of sugar in recipes
- ✓ eat fruit for dessert
- ✓ add fruit juice to water & seltzer or drink flavored varieties
- ✓ enjoy a sweet treat on occasion by cutting down on other carbohydrates at mealtime
- ✓ look for sweets that contain fiber

- ✓ PORTIONS, PORTIONS, PORTIONS...if you can't have just a small piece or one, do not tempt yourself.

All foods have a place in your meal plan; just prioritize what is most important to you and be informed about the product you are using. If you feel uncomfortable using it, find an alternative. For more information on diabetes, contact the ADA – American Diabetes Association or your health professional.

C) Brain Food - Can We Give our Brains a Nutritional Boost to avoid Alzheimer's?

Alzheimer's disease attacks the brain and is the most common form of dementia. It leads to nerve cell death and tissue loss throughout the brain. Over time, the brain shrinks dramatically, affecting nearly all its functions. The rate of progression varies greatly. People with Alzheimer's live an average of eight years, but some people may survive up to 20 years. The course of the disease depends in part on age at diagnosis and whether a person has other health conditions. In mild to moderate stages, individuals develop problems with memory or thinking serious enough to interfere with work or social life. They may also get confused and have trouble handling money, expressing themselves and organizing their thoughts. Many people with Alzheimer's are first diagnosed in these stages.

As Alzheimer's progresses, individuals may experience changes in personality and behavior and have trouble recognizing friends and family members. As we get older, we may experience signs of Alzheimers or dementia without actually having the disease.

There are many things that can affect brain function, like stress, poor sleep and medications. Allergies, poor circulation, thyroid problems and yeast infections are other reasons for brain 'fog'. With a healthy diet and a "use it or lose it" attitude, we can minimize age-related memory changes. It is important to be active and socialize as much as possible. Working as long as you can keeps your brain active if your work is challenging in any way.

The brain requires a constant supply of nutrients to function properly. Anything that can be done to help neutralize the damaging effects of free radicals produced when fat is oxidized in the body is helpful. A major factor in the death of brain cells (which characterizes Alzheimer's) is free-radical damage. For optimal brain function try these eating habits:

- ✓ Eat small, frequent meals or snacks every few hours
- ✓ Avoid saturated and trans fats
- ✓ Choose fish, shellfish and plants rich in omega-3 fats
- ✓ Eat foods high in antioxidants – brightly colored fruits and vegetables to reduce damage from free radicals
- ✓ With doctor's permission, take supplements such as beta-carotene, vitamin C, E and B vitamins. If you prefer to get these vitamins from food, add more fruits/veggies (especially carrots and other yellow and orange vegetables, citrus, broccoli, peppers, brussel sprouts and dark, leafy greens); fortified cereals, whole grains, wheat germ, almonds and other nuts; soy

foods and legumes (lentils, peas); mushrooms, etc. Ginkgo Biloba, Ginseng and Garlic are also of interest.

Omega-3 fats may reduce risk of dementia or cognitive decline due to there anti-inflammatory effect. The best source of omega-3 fatty acids is in deep cold water fish such as wild-caught salmon. Other sources include flaxseeds, walnuts and walnut oil. A person consuming 2000 calories per day should eat sufficient omega-3-rich foods to provide at least 4 grams of omega-3 fatty acids. Two tablespoons of flaxseeds provides about 3.5 grams and four ounces of salmon contains 1.5 grams of omega 3 fatty acids.

Healthy Eating Habits – 10 ‘Commandments’

Hearty Oatmeal

(serves 1)

- ½ Cup oats (not instant)
- 1 cup water
- 1 chopped apple
- 2 tablespoons raisins
- 2 tablespoons broken walnut pieces
- 1 teaspoon brown sugar
- ½ teaspoon cinnamon

Put water and chopped apple in pan and bring to a boil. Add the oats and turn the heat down to medium or slightly lower. Cook for 5 minutes. Take off heat and stir in the rest of the ingredients. Serve with milk. Variation – add 1 cup cranberries along with the apple; add 1 cup blueberries along with the raisins.

Spaghetti with Lentil Sauce

Serves 6

- 1 tablespoon vegetable oil
- ½ medium onion, chopped
- 1 clove garlic, minced
- ¾ cup dried lentils
- ½ dried hot red pepper, crumbled
- Pinch black pepper or to taste
- 2 cups low sodium beef or vegetable broth
- ¼ teaspoon dried basil or 1 teaspoon fresh basil, crumbled
- ¼ teaspoon dried oregano, crumbled
- 1 - 8 ounce can no-salt-added tomatoes
- 3 ounces no-salt-added tomato paste
- 1 ½ teaspoons cider vinegar
- 12 ounces spaghetti noodles



Rinse, soak and drain lentils according to package directions. Place oil in large skillet, stockpot or Dutch oven over medium-high heat. Add onion and garlic and sauté 5 minutes. Add lentils, red pepper, black pepper and broth. Reduce heat, cover and simmer 30 minutes. Add remaining ingredients, except spaghetti. Simmer, uncovered, about 1 hour, stirring occasionally. Cook spaghetti according to package directions, omitting salt. Drain and combine with lentil sauce before serving.

Nutrient Analysis

Calories 360 kcal, Protein 15 grams, Carbohydrates 67 grams, Cholesterol 0mg, Sodium 108 mg, Total Fat 4 grams, Saturated Fat 1 grams,

Weight and Nutrition



Italian Style Spaghetti Squash

1/2 medium spaghetti squash, seeds removed (about 1 1/2 pounds) 2 tablespoons water
14 1/2-ounce can Italian-style stewed tomatoes; drained
1/4 cup grated or shredded Parmesan cheese (optional)

Place squash; cut side down, in a microwave-safe baking dish. Add water. Cover and microwave on 100% power (high) for 10 to 14 minutes, or until pulp can just be pierced with a fork; give dish a 1/2 turn twice during cooking. Drain. Using potholders, hold squash in one hand and with a fork shred squash pulp into strands, letting them fall into the baking dish. Add drained tomatoes, tossing to coat. Sprinkle with Parmesan cheese if desired.

Conventional Oven Cooking Method: Prepare recipe as above except prick the squash skin all over with a fork. Bake, uncovered, in a glass-baking dish in a preheated 350°F oven for 30 to 40 minutes, or until tender. Complete recipe as above.

Nutritional analysis (per serving): Calories: 42 kcal; Protein: 1g; Carbohydrates: 9g; Total Fat: 1g; Saturated Fat: 0g; Cholesterol: 0mg, Sodium: 112 mg

American Chop - makes six two-cup servings

A recipe you may find at a classic diner - freezes well.

3 Tablespoons Olive Oil
3 Tablespoons Butter
1 finely chopped medium onion
1 seeded, finely chopped green pepper
1 pound ground beef
2 cloves garlic, minced
2 teaspoons onion powder
1 teaspoon paprika
1 teaspoon crushed red pepper flakes
1/2 teaspoon salt
1/4 teaspoon ground pepper
28 ounce can of whole peeled tomatoes, crushed with your hands
2 fifteen ounce cans of tomato sauce
2 teaspoons sugar
1/4 teaspoon ground cinnamon
1 pound elbow macaroni, preferably whole wheat or protein enriched

Heat olive oil and butter in a large pot over medium heat. Add onion and green pepper and cook until softened, 8-10 minutes, stirring occasionally. Add ground beef, garlic, onion powder, paprika, pepper flakes, salt and pepper. Cook, stirring occasionally until lightly browned, 5-6 minutes. Add tomatoes and tomato sauce, sugar, and cinnamon. Stir well. Reduce heat to

medium and simmer, stirring occasionally until thick, 45-50 minutes. While sauce simmers, bring a large pot of water to boil and add macaroni. Cook about 9 -10 minutes. Drain macaroni and rinse with cold water. Add macaroni to sauce and stir well. Cook, stirring occasionally to meld flavors, about 10 minutes.

Portion Size

Fabulous French Fries

(about 200 calories and 25% of your Potassium)

Slice a medium potato (try sweet, Yukon gold or red) into eight wedges (leave skins on – this is where most of the vitamins and minerals are!). Toss with one teaspoon of vegetable oil or spray with cooking spray (like PAM) and bake at 475 degrees for 25 – 40 minutes turning occasionally. You may want to add some seasonings before you bake, such as cayenne or black pepper, parmesan cheese, garlic or onion powder or a bit of salt. More fiber, less fat than frozen or fast-food fries and they taste good too! Enjoy!!



Classic Spaghetti & Meatballs

5-6 servings

Sauce:

- 2 tablespoons olive oil
- 1 onion, chopped
- 2 cloves of garlic, minced
- 2 thirty-two ounce cans of pureed tomatoes
- 1 teaspoon dried basil

Meat balls:

- Two-thirds (0.67) pounds of ground beef
- One-third pound (0.33) ground pork
- ½ onion minced
- 1 slice of bread, torn into pieces
- 2 cloves of garlic, minced
- 1 egg
- 2 tablespoons of water
- ½ teaspoon salt
- ¼ teaspoon ground pepper

2 tablespoons olive oil
3/4 pound of pasta
Parmesan cheese

Make sauce: Heat olive oil over medium heat until shimmering (about two minutes). Add chopped onion and cook for about 10 minutes, stirring occasionally. Do not let onions brown. Add garlic and cook 1 minute. Add tomatoes and dried basil. Bring to boil and turn down to a simmer (about 1/2 way between medium and low). Let sauce simmer 30 minutes. Make meatballs while the sauce simmer or cool sauce and reheat the next day.

Make meatballs: Mix beef, pork, onion, bread, garlic, onion, egg, salt, pepper and water. Shape into meat balls by scooping up enough to fit in the middle of your hand. Use your hands to make into balls – about 12 total. Heat olive oil over medium heat until shimmering (about two minutes). Add meatballs and cook 2 minutes. Turn and cook 2 minutes. Turn and cook another 2 minutes. Using a large spoon, transfer all meatballs to the sauce and simmer for 30 minutes.

Cook pasta according to package. Serve two meatballs and some sauce on top of about 1 cup of cooked pasta. Serve with parmesan cheese. Serve with large tossed salad.

Note: The meatballs and sauce freeze well. Freeze the meatballs (with some sauce) in packets of two for easy portion control.

Pasta & Beans (Pasta Fazool) – Eight 1.75 cup servings (freezes well)

Ingredients

1 onion, chopped
1/4 cup olive oil
1 small carrot, chopped
1 small celery stalk, chopped
2 cloves garlic
1 hambone or piece of ham (optional)
1 can (14 ounce) chopped plum tomatoes, undrained & no salt added
2 cans red kidney beans
4 cups low sodium chicken broth
1 pound pasta (preferable whole wheat)
1 tablespoon butter
2 tablespoons parmesan cheese
Salt & pepper

Heat olive oil over medium heat until shimmering (about two minutes). Add chopped onion, carrots, and celery and cook for about 8 minutes, stirring occasionally. Do not let onions brown. Add chopped garlic and sauté for one minute. Add tomatoes, cover pot, turn down heat to medium low and simmer for 20 minutes. Add beans and cook 5 minutes. Add broth, turn up heat, bring to boil, turn down heat and simmer 5 minutes. Scoop out about a cup of beans. Mash

them with a fork and add them back to the pot. Add pasta and boil gently for about 8 minutes. Remove from heat, stir in butter, cheese, a pinch of salt & pepper.

Nutritional analysis per serving: 363 calories, 10 grams of fat, 284 sodium, 51 carbs, 8 grams fiber, 14 grams of protein, 23% iron, 15% vitamin C.

Water

Strawberry Dessert Drink

Serves 2 (1 cup per serving)
1 cup fresh strawberries
1 banana
1 cup orange juice



Rinse and hull strawberries. Cut them in half and place them in a blender or the work bowl of a food processor fitted with a metal blade. Add peeled banana and orange juice. Process until smooth. If your blender or food processor can crush ice, add ice to make a sherbet-like dessert. You may also substitute raspberries for strawberries. Proceed as directed.

Nutrient Analysis: Calories 131, Protein 2 g, Carbohydrates 32 g, Sodium 3 mg, Fat 1 g, Cholesterol 0 mg

Fiber

Quick-and-Easy Baked Beans

Serves 12 (1/2 cup each)
2 16-ounce cans no-salt-added vegetarian baked beans in tomato sauce
2 16-ounce cans no-salt-added barbecue beans
1/2 cup chopped onion
1 cup no-salt-added tomato sauce
2 tablespoons margarine (Benecol, Smart Balance or Earth Balance), melted
2 tablespoons molasses or firmly packed brown sugar
2 teaspoons dry mustard
Preheat oven to 350 degrees F. Place ingredients in a 3-quart casserole dish in the order listed. Toss lightly to mix well. Bake, uncovered, 45 to 60 minutes.



Nutritional Analysis: Calories 192 kcal, Protein 10 grams, Carbohydrates 34 grams, Sodium 54 mg, Total Fat 3 grams, Cholesterol 5 mg, Fiber 8 grams

Recipe taken from the American Heart Association Cookbook, 5th edition

Sweet Glazed Carrots (4 servings)

1 pound of carrots
1 teaspoon brown sugar
1 teaspoon butter

Wash carrots but do not peel. Cut carrots in half lengthwise (cut into three pieces if carrots are big) and then cut in half widthwise. Steam carrots: place in a pan and add about 2 inches of water; bring to boil, reduce heat and cover; after about 5 minutes, check to see if carrots are tender. When just tender, drain. Melt butter in pan over low heat. Slowly add sugar and stir with a wire whisk. Simmer, stirring constantly until sugar dissolves. Drizzle over carrots, fold carrots until they are well coated. Serve immediately.

SPLIT PEA SOUP (Serves 2)

Ingredients:

¼ cup diced cooked Ham
¼ cup Split Peas
¼ chopped Onion
¼ cup chopped Celery
¼ cup chopped Carrot
½ minced clove Garlic
2 cups low-sodium chicken Broth
¼ teaspoon salt
Pinch of pepper

Wash and dice onion, celery and carrot. Wash split peas. Add all ingredients to soup pot and bring to a boil. Reduce heat to med. high heat and continue to cook peas until and vegetables until tender (30-40 minutes). If soup is too thin you can thicken it up with a cornstarch water mixture.

Roasted Asparagus (serves 4)

Goes well with Roasted Salmon

1 pound Asparagus, washed, dried, and last ½ inch of stem cut off
1 tablespoon olive oil
3 cloves of garlic sliced thin
¼ teaspoon salt
pepper

Preheat oven to 425 degrees. Mix all ingredients together and place in single layer on a sheet pan. Roast for 20-25 minutes, stirring after the first 10 minutes.

Calcium

Stir-Fried Kale with Ginger

Serves one

- 1 tablespoon minced fresh ginger root
- 1/2 tablespoon safflower oil
- ¼ pound kale, chopped coarsely (about ½ of a bunch)
- 1 teaspoon soy sauce
- ¼ cup water
- 1 teaspoon toasted sesame seeds (can toast these in an attended toaster oven or broiler)

In a medium skillet, cook ginger root in oil, stirring over medium heat for one minute. Add the kale and raise the heat to medium-high. Add the soy sauce and water and stir-fry until the kale is wilted but still slightly crunchy, about three minutes. Sprinkle with toasted sesame seeds. Serve warm or cold.

Variation: Substitute bok choy for kale.

Per serving: 124 Calories; 3 grams Protein; 7 grams Fat; 11g Carbohydrates; 0 mg Cholesterol; 396 mg Sodium; 7 grams Fiber, 159 mg Calcium

Molasses Cookies

Ingredients:

- 1 cup dark unsulphered blackstrap molasses
- ½ cup packed dark brown sugar
- 1 tsp. vinegar (cider or balsamic)
- 1 large egg
- 2 1/3 cups all purpose flour
- 2 tsp. baking soda
- 1 1/2 tsp. ground ginger, or 1 heaping tsp. finely grated fresh ginger
- 1/2 tsp. salt

COOKING INSTRUCTIONS: Grease 2 or 3 baking sheets, set aside. In a bowl, add molasses, sugar, vinegar & egg. Mix well with a fork or spoon. Sift in the flour, baking soda, ginger and salt. Stir until blended. Spoon the batter by rounded teaspoonfuls onto the prepared baking sheets, spacing them about 1 1/2 inches apart. Bake in preheated 350 degree oven until the edges are golden but the cookies are still soft, about 9 to 10 minutes. Cool a minute or two on the baking sheets. Remove from baking sheet with a large metal spatula and transfer to a wire rack and let cool completely. They will crisp as they cool. Store in an airtight container.

The cookie has no butter but is crisp, gingery and dark from molasses. For a different twist, add the zest of an orange.

Healthy Calcium Rich Recipe

Berry Delicious Smoothie

- 1/2 cup low-fat milk
- 8 oz low fat yogurt, plain (or soy yogurt)
- 3/4 cup mixed frozen berries

1 tablespoon honey

Place all ingredients in blender and mix until smoothie.

Nutritional analysis (per serving): 382 calories, 17g protein, 5g fat, 3g sat fat, 54g carbohydrate, 3g fiber, 198mg sodium

Carbohydrates

Mashed Potatoes with Skin

About 1 large potato (the size of your fist)

1 teaspoon butter

1 tablespoon milk

Wash but do not peel potato (the skin contains fiber and many vitamins). Cut potato into 1" chunks. Put in pan and cover with water. Bring to boil, cover, tune down heat to medium and cook 5 - 7 minutes. When tender, drain, add butter and milk, and mash.

Chick Pea Soup

4 whole peeled cloves of garlic

1/3 cup olive oil

1.5 teaspoons dried rosemary

1 can of chopped tomatoes (no salt added), not drained

1 can of chickpeas, drained & rinsed

4 cups low sodium broth

½ pound pasta shells

¼ teaspoon salt

Cracked pepper

Heat olive oil over medium heat until shimmering (about two minutes). Add garlic and sauté for 5 minutes until garlic is golden but not brown. Remove garlic and throw away. Add rosemary. Remove from heat and let rest for a minute. Carefully add tomatoes, being careful not to let any hot oil splash. Return to medium low heat, cover, and let cook for 20 minutes. Add chickpeas and cook for 5 minutes. Add broth and bring to boil. Add pasta and boil gently for 8-10 minutes. Remove from heat. Add salt & pepper.

Note: Freezes well.

Fruit French Toast - (serves 2)

1 banana, peeled

4 large strawberries, fresh or frozen

1/3 cup apple juice

½ teaspoon cinnamon

4 slices whole wheat bread

Blend together first four ingredients. Soak bread in the fruit mixture. Cook on both sides on lightly oiled or non-stick griddle until just beginning to brown. You may also use other fruits such as pineapple or blueberries.

Total Calories per serving: 191, Fat: 2gm, Protein: 6g, Carbohydrates: 42g, Calcium: 55mg, Iron: 2mg, Sodium: 243mg, Dietary Fiber: 5g

Five Minute French Toast - (serves 1)

1 egg

½ teaspoon cinnamon

¼ cup of milk

2 slices of whole wheat bread

½ teaspoon butter

Whisk eggs, cinnamon and milk together in a bowl. Soak the bread in the mixture for a minute, turn over and soak another minute. Heat butter in skillet over medium heat until it melts. Place slices of bread in skillet and cook for 3 minutes. Flip and cook for 2 more minutes. Serve with syrup.

Vegetables (and fruit!)

Steamed Vegetables

Many vegetables take well to steaming – broccoli, cauliflower, sweet potatoes, carrots, to name a few. This avoids extra fat and calories. The basic method is to cut the vegetables into bite size portions, place in a pan, cover about ½ way up with water, bring to boil, cover and reduce heat. After 5 minutes check for tenderness. After draining, many vegetables just need a little dusting of salt and pepper, parmesan cheese, olive oil, or balsamic vinegar.

Try cutting Brussels sprouts in half and steaming. Green Beans also take well to this method

Vegetables with Lemon Sauce

1 bunch of broccoli (about 1 pound)

1 small head of cauliflower

1 9-ounce package frozen artichoke hearts

2 tablespoons finely chopped onion

2 tablespoons margarine

¼ teaspoon paprika

3 tablespoons fresh lemon juice

1 pimiento, diced



Cut florets from broccoli and cauliflower and set aside. Cut stems into 1 ½ inch pieces. Steam florets, stems and artichoke hearts in a vegetable steamer until tender-crisp. Set aside. In a

skillet or saucepan over medium-high heat, sauté onion in margarine for 2 minutes. Remove from heat and stir in paprika and lemon juice. Set aside. Arrange vegetables in groups on a hot serving platter. Drizzle lemon sauce over all. Sprinkle pimiento over artichoke hearts. **Makes 8 servings.**

Nutritional analysis: Calories 65 kcal, Protein 3 grams, Carbohydrate 8 grams, Cholesterol 0mg, Sodium 76mg, Total Fat 3 grams, Saturated fat 1 gram, Polyunsaturated fat 1 gram, Monounsaturated fat 1 gram. Recipe from American Heart Association Cookbook

Claremont Salad – serves 2

Ingredient

1 cup Cabbage, shredded
½ cup Cucumber
½ cup Carrots
½ cup Onion
2 Tablespoons Vinegar
1 Tablespoon Sugar
2 Tablespoons Olive Oil

Cut cucumbers, carrots & onion into small pieces. Combine the cabbage, cucumbers, carrots & onion. Whisk together the vinegar, sugar & oil. Pour over cabbage mixture, toss to coat, cover and refrigerate. Toss again just before serving.

Sweet Potatoes & Pears

Recipe from Taste of Home Test Kitchen at Allrecipes.com

Servings: 8

INGREDIENTS:

9 cups cubed peeled sweet potatoes
4 cups water
1 (15 ounce) can pear halves, drained
1/3 cup packed brown sugar
1/4 cup butter, softened
1/4 teaspoon ground cinnamon



Directions: Place the sweet potatoes in a shallow 3-qt. microwave-safe dish; add water. Cover and microwave on high for 18-20 minutes or until tender. Drain and place in a large mixing bowl. Add the remaining ingredients; beat until combined.

Nutritional Analysis: 3/4 cup equals 286 calories, 6 g fat (4 g saturated fat), 15 mg cholesterol, 84 mg sodium, 57 g carbohydrate, 5 g fiber, 3 g protein.

Consider reducing the butter by 1 tablespoon and sugar by 2 tablespoons for less calories and the same great taste.

Ambrosia

(Serves 2)

Ingredient

- 1 tablespoon Honey
- 1 tablespoon Orange Juice
- ½ cup chopped Pineapple
- 1 Banana
- 1 Orange or Tangerine
- 2 tablespoons Coconut flakes (preferable unsweetened)

Cut banana and orange into bite size pieces. Whip honey & orange juice until well blended. Fold banana into dressing, add the rest of ingredients stir gently until well coated.

Blackberry Cobbler

(Serves 2)

Ingredients

- 2 tablespoons Butter
- ¼ cup Flour, preferable whole wheat pastry flour
- 1 Tablespoon sugar (or honey)
- ½ teaspoon Baking powder
- Pinch of Salt
- 2 Tablespoons Milk
- 1 cup of Blackberries, Raspberries, Blueberries, or other berries

Melt butter and pour into a small square pan. Combine flour, sugar, baking powder, salt, and milk in a bowl, mix well. Pour mixture over melted butter, do not stir. Spoon black berries over batter, do not stir. Bake at 350 degrees for 45 minutes or until golden brown.

Blackberry Crisp

(2 Servings)

Ingredient

- 1 cup Blackberry
- 2 Tablespoons Brown sugar
- 1 Tablespoon Flour
- ¼ cup Oatmeal
- 1 teaspoon cinnamon
- 1 Tablespoon Butter cut up
- Pinch of salt

Preheat oven to 350 degrees. Spray small pan with non stick and place berries in bottom of pan. Mix together brown sugar, flour, oatmeal. Stir butter into sugar mixture until crumbly. Sprinkle crumbly mixture over berries. Bake 40 minutes or until fruit is thickened and topping is lightly browned.

Variations: Instead of blackberries, use cherries or blueberries.

Fat

Broiled Marinated Fish Steaks

(Recipe serves 6 and is from the American Heart Association Cookbook, 1991 5th edition.

1 ½ pounds fish steaks(such as swordfish), cut 1 inch thick
2 Tablespoons vegetable oil
1/3 cup tarragon vinegar (can sub vinegar with tarragon added)
1 teaspoon Worcestershire sauce
2 teaspoons freshly ground pepper, or to taste
1 bay leaf
2 tablespoons chopped fresh parsley

Rinse fish and pat dry. Set aside. In a shallow glass pan, combine all ingredients except fish. Stir to mix well. Add fish steaks. Cover and refrigerate at least 3 hours, turning occasionally. Preheat broiler. Remove steaks from marinade and arrange on a foil-covered broiler pan. Baste with marinade. Broil 3 inches from heat about 10 minutes or until fish flakes easily.

Green Bean Salad – 4 servings

2 cups green beans, washed, and cut in half
¼ onion diced
¼ red pepper diced
2 tablespoons Olive Oil
1 tablespoon Vinegar
1 tablespoon Lemon Juice
Pinch of sugar
¼ teaspoon salt
Pepper

Cook green beans in boiling water for about 5 minutes. Rinse in cold water & drain well. Dice red pepper and onion. Whisk olive oil, vinegar, lemon juice, sugar, salt & pepper together. Toss vegetables with dressing. Cover and put in refrigerator until serving time. Toss before serving.

Protein

Tuna Melt – serves 2

Ingredients

- 1 five ounce can of Tuna fish, preferably packed in olive oil, drained well
- 2 Tablespoons Mayonnaise
- 2 teaspoons Celery finely diced
- 2 teaspoons Onion
- 2 teaspoons Relish Dill
- 2 slices of Cheddar cheese
- 2 slices of whole wheat bread

Mix all ingredients together except cheese & bread until well moistened. Divide the mixture in two (if making just 1 melt, store ½ of the filling in the fridge for the next day). For each serving, spread mixture on bread and place slice of cheese on bread. Heat in 350 degree oven until tuna mixture is well heated and cheese melts.

Egg Salad Sandwich – serves 2

- 3 Hard Boiled Eggs
- 1 Tablespoon diced celery
- 1 Tablespoon Dill Relish
- 1 Tablespoon Mayonnaise
- ¼ Teaspoon Salt
- Pinch of black pepper
- 4 slices of bread – preferable whole wheat

How to hard boil eggs - place eggs in a deep pan and cover with water (pan should only be about half filled with water). Place the pan on a burner and turn the burner to high. When the water starts to boils, turn down to medium and cook for 9 minutes. Turn on the cold water and turn off the burner. Carefully take the pan and put it in the sink – let the cold water fill up the pan and then overflow the pan while it sits in the sink. Let the water run for about a minute - this should cool the water. Let sit and cool for a for minutes and carefully remove and put in the refrigerator to cool completely.

Dice egg, onion & celery and mix with relish & mayonnaise. Some people prefer their bread toasted.

Lentil Soup

- 2 Tablespoons Olive Oil
- 1 small onion diced
- 1 small carrot diced
- 1 celery stalk diced

2 cloves garlic, minced
3/4 cup lentils
4 cups water or low-sodium chicken broth
1/2 teaspoon salt
ground pepper
1 tablespoon lemon juice
1 teaspoon ground cumin

Heat olive oil over medium heat until shimmering (about two minutes). Add onion, carrots, and celery. Cook for about 10 minutes, stirring occasionally. Add garlic and cook 1 minute. Add lentils and stir. Add water or broth and bring to boil, stirring occasionally. Lower heat to low, put lid on pot and simmer for 45-50 minutes. Add salt, pepper, lemon juice, and cumin.

Freezes well.

Hummus

Good protein dip or sandwich spread. Good dip with bread or raw vegetables such as carrot sticks.

1 can drained and rinsed chickpeas
1 tablespoon lemon juice
1 clove of garlic
1/4 teaspoon salt
Ground pepper
1 tablespoons tahini (ground sesame paste)

In a food processor, blend all ingredients. Add 2-4 tablespoons of water to thin. Serve in a small bowl with some olive oil drizzled over the top (about 1 teaspoon) and sprinkle with paprika.

Spaghetti with Perfect Pesto

Recipe from American Heart Association Cookbook Fifth Edition – Serves 6

2 cups firmly packed fresh spinach leaves, stems removed
1/2 cup firmly packed fresh basil leaves (rinse spinach and herbs thoroughly before measuring, but do not dry.)
1/2 cup firmly packed fresh parsley, stems removed
2 or 3 cloves garlic, minced
1/4 cup olive oil
1/3 cup unsalted dry-roasted pine nuts (can sub walnuts for cost concerns)
Freshly ground black pepper to taste
1/3 cup freshly grated Romano cheese
1/2 cup freshly grated Parmesan cheese
12 ounces uncooked thin spaghetti



In a blender or the work bowl of a food processor fitted with a metal blade, process spinach, basil, parsley, garlic, olive oil, nuts, pepper and cheeses until almost pureed. If mixture is too

thick, add 1 to 2 tablespoons water. Set aside. Cook spaghetti according to package directions, omitting salt. Drain and toss with sauce while spaghetti is hot. Serve immediately.

Nutrient Analysis: Calories 427, Protein 15 grams, Carbohydrates 52 grams, Cholesterol 13mg, Sodium 253 mg, Total Fat 18 grams, Saturated Fat 5 grams,

Sodium

Grilled Salmon Sweet & Sour – Serves 6

- 1 ½ pounds salmon steaks or fillets
- 1 6-ounce can unsweetened pineapple juice
- 1 Tablespoon light soy sauce
- 1 teaspoon hot pepper oil
- 1 Tablespoon acceptable vegetable oil
- 2 cloves garlic, minced
- ½ cup finely chopped onion
- 1 Tablespoon grated fresh ginger
- ½ teaspoon grated lime rind
- 2 Tablespoons fresh lime juice
- Vegetable oil spray

Rinse fish and pat dry. Arrange fish in rectangular nonaluminum baking dish. Combine remaining ingredients in a small bowl, stir and pour over steaks, turning to coat evenly. Cover and refrigerate overnight or several hours. Preheat grill or broiler. Lightly spray grill top or broiler pan with vegetable oil. Remove steaks from marinade and place steaks under broiler, 4 to 5 inches from heat. Broil 5 to 7 minutes on each side or until fish flakes easily with a fork.

Note: Do not use vegetable oil spray near an open flame or a heat source. Read directions on can before using, and follow directions carefully.

Nutrient Analysis: Calories: 196, Cholesterol: 71mg, Saturated Fat: 1g, Protein: 26g, Sodium: 135mg, Polyunsaturated Fat: 3g, Carbohydrate: 5g, Total Fat: 7g, Monounsaturated Fat: 2g

Recipe taken from American Heart Association Cookbook 5th Edition 1991
This gives a potassium boost and is low sodium.

Minestrone Soup – Serves 10 (may be cut in half)

- 1 cup dried white navy beans
- ½ cup whole-wheat pasta (shells or elbow macaroni)
- 2 Tablespoons olive oil
- 1 onion, chopped
- 2 cloves garlic, chopped
- 2 medium carrots, chopped
- 2 stalks celery, chopped
- 2 potatoes, peeled & cubed

- 4 tomatoes, cubed
- 1 small zucchini, cubed
- ½ pound fresh green beans, sliced
- 1 teaspoon freshly ground black pepper, or to taste
- 8 cups water
- 1 tablespoon dried basil (or 3 tablespoons fresh)
- 1 clove garlic, whole
- 2 tablespoons grated Parmesan or Romano Cheese

Rinse and soak navy beans according to package instructions. Discard water and add fresh water. Cook according to package instructions, omitting salt. Set aside. Cook pasta according to package instructions, omitting salt. Drain and set aside.

Heat oil in a large, heavy pan over medium-high heat. Add onion, garlic, carrots and celery. Sauté until onion is translucent. Add potatoes, tomatoes, zucchini, green beans, pepper and water. Reduce heat and simmer 30 minutes. Add navy beans and pasta. Add more water if soup is too thick.

In a blender or the work bowl of a food processor fitted with a metal blade, process basil, one whole clove of garlic and 1 cup of soup from the pot until smooth, 1 whole clove of garlic and 1 cup of soup from the pot until smooth. Return this mixture to the soup, mix well and serve hot. Top each serving with a sprinkling of cheese.

Nutrient Analysis: Calories: 143, Cholesterol: 1mg, Saturated Fat: 1g, Protein: 6g, Sodium: 48mg, Polyunsaturated Fat: 0g, Carbohydrate: 24g, Total Fat: 3g, Monounsaturated Fat: 2g

Recipe taken from American Heart Association Cookbook 5th Edition

Sugar

Baked Acorn Squash with Apple Stuffing

Yields 2 servings (1/2 squash each)

- 1 medium acorn squash
- 2 small apples, unpeeled, diced
- 2 tablespoons diced celery
- 2 teaspoons minced onion
- 2 teaspoons butter, melted
- 2 tablespoons water
- dash of salt (optional)



Preheat oven to 400 degrees F. Cut squash in half and remove seeds. Place cut side down on baking sheet sprayed with vegetable pan spray. Combine apples, celery and onion. Add butter and water. Put in small baking dish and cover. Bake squash and apple stuffing for 45 minutes or until tender. Remove from oven.

Salt squash and fill with apple mixture.

Calories: 173, Carbohydrates: 30g, Protein 2g, Fat 5g, Sodium: 175mg

Recipes from American Diabetes Association Family Cookbook, 1980

Sugarless Cookies

Yield: 32-34 cookies (2 cookies per serving)

- 1 $\frac{3}{4}$ cup flour
- 2 teaspoons baking powder
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon cinnamon
- $\frac{3}{4}$ cup orange juice
- $\frac{1}{2}$ teaspoon grated orange rind
- $\frac{1}{2}$ cup minus 1 tablespoon vegetable oil
- 1 egg
- $\frac{1}{2}$ cup chopped walnuts
- $\frac{1}{2}$ cup raisins



Preheat oven to 375 degrees F. Combine dry ingredients. Add remaining ingredients; mix well. Drop by teaspoon on ungreased cookie sheet. Bake about 15 to 20 minutes. When done, remove from pan and cool.

Calories: 144, Carbohydrates: 15g, Protein 3g, Fat 8g, Sodium: 116mg

Hometown Turkey Meatloaf

These individual meatloaves make great leftovers because they can be frozen in separate bags and used whenever a quick dinner or microwave lunch is needed.

From *The Heart-Smart Diabetes Kitchen*, p. 159

Servings: 4; Serving size: 1 mini loaf

Ingredients

- 2 Tbsp ketchup
- 1 can (8 oz) tomato sauce with Italian seasonings, divided
- 3 tsp canola oil, divided
- $\frac{3}{4}$ lb lean ground turkey
- $\frac{3}{4}$ cup finely chopped green pepper
- $\frac{1}{2}$ cup finely chopped onion
- 2 egg whites
- 1 tsp Worcestershire sauce
- $\frac{1}{2}$ tsp dried Italian seasoning
- $\frac{1}{4}$ tsp salt
- $\frac{1}{2}$ cup quick-cooking oats

Preparation

1. Preheat oven to 350°F. Line a baking sheet with foil.
2. Combine ketchup, 2 Tbsp tomato sauce and 1 tsp canola oil in a small bowl and set aside.
3. Combine remaining ingredients in a large bowl. On a baking sheet, shape turkey mixture into four individual meatloaf ovals, about 3 x 4 1/2 in. Bake 30 minutes or until meat thermometer inserted into thickest part of meatloaf registers 165°F. Remove from oven. Using the back of spoon, evenly spread over the top and sides. Let stand 5 minutes before serving.

Flavorful tip: Read labels when buying ground turkey because some varieties can be quite high in saturated fat. Look for the words "lean" and/or "breast meat" to find the leaner versions.

Calories: 245, Calories from Fat: 90, Total Fat: 10 g, Saturated Fat: 2.3 g, Trans Fat: 0 g, Cholesterol: 60 mg, Sodium: 630 mg, Total Carbohydrate: 17 g, Dietary Fiber: 3 g, Sugars: 4 g, Protein: 21 g

Classic Tuna Casserole

From *The Heart-Smart Diabetes Kitchen*, p. 142

Serves: 4; Serving size: 1 1/4 cup

Ingredients

Canola oil cooking spray

1 1/2 cups dry whole-grain rotini

1/2 cup matchstick carrots or 1/2 red bell pepper, thinly sliced and cut into 2-inch-long strips

1/2 cup frozen green peas, thawed

1 pouch (2.6 oz) vacuum-sealed chunk light tuna, flaked

1/2 cup finely chopped whole green onions, divided

1 can (10.75 oz) 98% fat-free cream of chicken or mushroom soup

1/3 cup canola mayonnaise

1 Tbsp fresh lemon juice

1/2 tsp curry powder

1/8 tsp salt

1/2 cup panko bread crumbs

Preparation

1. Preheat oven to 350°F. Spray an 11x7-inch glass baking pan with cooking spray.
2. Cook pasta according to package directions, adding carrots or bell pepper during last 3 minutes of cooking. Drain well; place in the prepared baking pan. Top with peas and tuna, sprinkled evenly over all, and 1/3 cup green onions.
3. Stir together soup, canola mayonnaise, lemon juice, curry powder, and salt in a medium bowl. Spread over onions in baking dish. Top with bread crumbs and spray with cooking

spray. Bake, uncovered, 30 minutes or until bubbly. Sprinkle with remaining green onions.

Calories: 285, Calories from Fat: 80, Total Fat: 9 g, Saturated Fat: 0.9 g, Trans Fat: 0 g, Cholesterol: 15 mg, Sodium: 760 mg, Total Carbohydrate: 40 g, Dietary Fiber: 6 g, Sugars: 4 g, Protein: 12 g

Cuban Black Bean Soup

From *Diabetes & Heart Healthy Meals for Two*, by American Heart Association and American Diabetes Association © 2008

Serves 2; Serving size: 1 1/4 cups

Prep time: 10 minutes

Ingredients

- 1 tsp canola or corn oil
- 5 medium green onions, white and pale green parts chopped
- 1 Tbsp dark green part of onion, thinly sliced
- 1 slice turkey bacon, cut into 1/2-in pieces
- 1 large garlic clove, minced
- 1 can (15 oz) no-salt-added black beans, rinsed and drained
- 1 can (14.5 oz) no-salt-added diced tomatoes, undrained
- 2 tsp ground cumin
- 1 tsp red vinegar
- 1/8 tsp cayenne
- 2 Tbsp fat-free plain yogurt

Preparation

1. In a medium saucepan, heat the oil over medium-low heat, swirling to coat the bottom.
2. Cook the white and pale green parts of the green onions and the turkey bacon for 4 to 5 minutes, or until the green onions are soft and the turkey bacon is just beginning to brown.
3. Stir in the garlic. Cook for 30 seconds to 1 minute, or until fragrant.
4. Increase the heat to medium high. Stir in the black beans, tomatoes with liquid, cumin, vinegar, and cayenne.
5. Bring to a simmer. Reduce the heat and simmer for 5 minutes.

Calories: 280, Calories from Fat: 45, Total Fat: 5.0 g, Saturated Fat: 0.7 g, Trans Fat: 0 g, Polyunsaturated Fat: 1.4 g, Monounsaturated Fat: 2.2 g, Cholesterol: 5 mg, Sodium: 195 mg, Total Carbohydrate: 48 g, Dietary Fiber: 12 g, Sugars: 11 g, Protein: 16 g

Brain Food – Food for Alzheimer's

Sliced Tomatoes with Basil

(Recipe serves 6 and is from the American Heart Association Cookbook, 1991 5th edition.

4 medium tomatoes, sliced
2 tablespoons chopped fresh basil leaves or 2 teaspoons dried basil
2 tablespoons olive oil



Place tomato slices on a large, flat plate. Sprinkle basil and olive oil on top. Cover and refrigerate. Serve cold.

Nutrient Analysis: Calories: 56; Protein 1g; Carbohydrate 4g; Cholesterol 0mg; Sodium 7mg; Total Fat: 5g; Saturated fat: 1g; Polyunsaturated fat 0g; Monounsaturated fat 3g

For more information on Alzheimer's, go to www.alz.org

Roasted Salmon (serves 4)

Quick & easy clean up! And good for your brain...

12 ounces fresh salmon filet, preferably the tail end
1 teaspoon olive oil
¼ teaspoon salt
Fresh pepper

Preheat oven to 425 degrees. Place foil on a cookie sheet. Rinse and pat dry salmon filet. Place skin side down on foil. Rub olive oil over salmon. Spinkle with salt & pepper. Bake in oven for 20 minutes or until the flesh flakes off easily with a fork.

Sardine Sandwich

1 3.75 ounce can of Sardines packed in water, drained
1 tablespoon mayonnaise
1 teaspoon mustard
½ teaspoon Worchester Sauce
3 chopped green onions (optional)
1 whole wheat slices of bread

Mash sardines, mustard, mayonnaise, and Worchester Sauce together. Spread on bread. Toast in toaster oven until warm. Serve open face with sliced tomato and lettuce, if desired.